H·C·P·C·S

MILLENNIUM EDITION

Health Care Financing Administration
Common Procedure
Coding System

National Level II
Medicare Codes

Color Coded

2001

PMIC

OTHER TITLES OF INTEREST

CODING AND REIMBURSEMENT

Codelink® CPT & ICD-9-CM Code Linkage Series
Collections Made Easy!
CPT & HCPCS Coding Made Easy!
E/M Coding Made Easy!
4-in-1 Master Coder Series
HCPCS Coders Choice®, Color Coded, Thumb Indexed
Health Insurance Carrier Directory
ICD-9-CM, Coders Choice®, Thumb Indexed
ICD-9-CM, TimeSaver®, Ring Binder, Tab Indexed
ICD-9-CM Coding For Physicians' Offices
ICD-9-CM Coding Made Easy!
Medicare Rules and Regulations
Physicians Fees
Reimbursement Manual for the Medical Office
Working with Insurance and Managed Care Plans

PRACTICE MANAGEMENT

365 Ways to Manage the Business Private Practice
Capitation: Tools, Trends, Traps & Techniques
Computerizing Your Medical Office
Designing and Building Your Professional Office
Doctor Business
Encyclopedia of Practice and Financial Management
Getting Paid for What You Do
Health Information Management
The Managed Care Handbook
Managing Medical Office Personnel
Marketing Strategies for Physicians
McGraw-Hill Pocket Guide to Managed Care
Medical Marketing Handbook
Medical Office Policy Manual
Medical Practice Forms
Medical Practice Handbook
Medical Staff Privileges
Negotiating Managed Care Contracts
Patient Satisfaction
Patients Build Your Practice
Physician's Office Laboratory
Professional and Practice Development
Promoting Your Medical Practice
Surviving a Competitive Health Care Market

AVAILABLE FROM YOUR LOCAL MEDICAL BOOK STORE OR CALL 1-800-MED-SHOP

OTHER TITLES OF INTEREST

FINANCIAL MANAGEMENT

Accounts Receivable Management for the Medical Practice
Achieving Profitability with a Medical Office System
Business Ventures for Physicians
Financial Planning Workbook for Physicians
Financial Valuation of Your Practice
Pension Plan Strategies
Physician Financial Planning in a Changing Environment
Securing Your Assets
Selling or Buying a Medical Practice

RISK MANAGEMENT

Behavioral Types and the Art of Patient Management
Belli: For Your Malpractice Defense
Law, Liability and Ethics for Medical Office Personnel
Malpractice Depositions
Medical Malpractice: A Physician's Guide
Testifying in Court

DICTIONARIES AND OTHER REFERENCE

Health & Medicine on the Internet
Isler's Patient Guide to Medical Terminology
Medical Acronyms, Eponyms and Abbreviations
Medical Phrase Index
Medical Word Building
Medico Mnemonica
Medico-Legal Glossary
Spanish/English Handbook for Medical Professionals

MEDICAL REFERENCE AND CLINICAL

Drugs of Abuse
Gastroenterology: Problems in Primary Care
Hematology: Diagnosis and Treatment of Blood Disorders
Medical Procedures for Referral
Neurology: Problems in Primary Care
Orthopaedics: Problems in Primary Care
Patient Care Emergency Handbook
Patient Care Flowchart Manual
Patient Care Procedures for Your Practice
Pulmonary Medicine: Problems in Primary Care
Urology: Problems in Primary Care

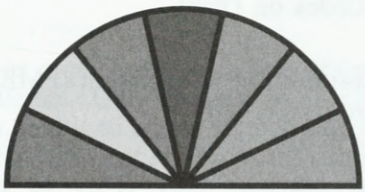
AVAILABLE FROM YOUR LOCAL MEDICAL BOOK STORE OR CALL 1-800-MED-SHOP

H·C·P·C·S

MILLENNIUM EDITION

Health Care Financing Administration
Common Procedure Coding System

National Level II Medicare Codes



Color Coded

2001

PMIC

ISBN 1-57066-194-4 (Coder's Choice)
ISBN 1-57066-195-2 (Timesaver Binder)
ISBN 1-57066-196-0 (Codes on Disk)

Practice Management Information Corporation (PMIC)
4727 Wilshire Boulevard, Suite 300
Los Angeles, California 90010
1-800-MED-SHOP

http://www.medicalbookstore.com

Printed in the United States of America

Copyright© 2000 by Practice Management Information Corporation, Los Angeles, California 90010. All rights reserved. None of the content of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior written permission of the publisher.

Additional copies of this book may be purchased from any medical book store, from PMIC by mail to the above address, by visiting our web site at http://www.medicalbookstore.com, or by calling 1-800-MED-SHOP.

FOREWORD

The HCFA Common Procedure Coding System (HCPCS), National Level II, is a listing of codes and descriptive terminology used for reporting the provision of supplies, materials, injections and certain services and procedures to Medicare. HCPCS 2001 is the most recent revision of the HCPCS National Level II codes. The changes that appear in this revision have been prepared by our editorial staff using the November 2000 HCPCS revisions released by the Health Care Financing Administration. HCPCS National Level II codes are now effective January 1st of each year.

Even though HCPCS National Level II codes have been in use since 1983, there is still some confusion among health care professionals regarding when and how to use these codes instead of the more familiar CPT codes. In addition, due to what is known as "carrier discretion," the use, interpretation, and reimbursement policies for HCPCS National Level II codes, which should be uniform nationwide, vary from carrier to carrier. Add to this a third coding system, known as HCPCS Local Level III, and the confusion becomes more understandable. Unfortunately, many health care professionals deal with the confusion by ignoring this coding system, to the serious detriment of their reimbursement.

One of our goals as a publisher is to educate our customers about the business of medicine. One of our most successful methods of accomplishing this goal is to create publications about new or unfamiliar concepts, such as HCPCS, that are similar in format and content to related publications, such as CPT. This provides our customers with an opportunity to learn and implement new concepts of vital importance to their medical practice using formats, conventions and terminology that they already use and understand.

James B. Davis, President

DISCLAIMER

This publication is designed to offer basic information regarding coding and billing of medical services, supplies and procedures using the HCPCS coding system. The information presented is based upon material obtained from the Health Care Financing Administration and the experience and interpretations of the editors and publisher. Though all of the information has been carefully researched and checked for accuracy and completeness, the publisher accepts no responsibility or liability with regard to errors, omissions, misuse or misinterpretation.

CONTENTS

INTRODUCTION vii

- Structure of HCPCS vii
- Sections viii
- Instructions for Use of HCPCS ix
- Format of the Terminology ix
- Guidelines x
- HCPCS Modifiers x
- Unlisted Procedure or Service xi
- Special Report xii
- HCPCS Code Changes xii
- Special Coverage Symbols xiii
- Durable Medical Equipment Regional Carriers (DMERCs) .. xiv
- HCPCS on Disk xvi

TRANSPORTATION SERVICES 1

CHIROPRACTIC SERVICES 9

MEDICAL AND SURGICAL SUPPLIES 11

ADMINISTRATIVE, MISCELLANEOUS AND INVESTIGATIONAL 35

ENTERAL AND PARENTERAL THERAPY 37

HOSPITAL OUTPATIENT PPS CODES 41

DENTAL PROCEDURES 83

DURABLE MEDICAL EQUIPMENT (DME) 115

G CODES FOR PROCEDURES 141

REHABILITATIVE SERVICES 153

DRUGS ADMINISTERED OTHER THAN ORAL METHOD 157

CHEMOTHERAPY DRUGS 181

K CODES: FOR DMERCS USE ONLY 187

ORTHOTIC PROCEDURES 207

PROSTHETIC PROCEDURES 237

MEDICAL SERVICES 265

PATHOLOGY AND LABORATORY 269

TEMPORARY CODES 273

DIAGNOSTIC RADIOLOGY SERVICES 283

PRIVATE PAYER CODES 285

VISION SERVICES 297

HEARING SERVICES 307

APPENDIX A — MODIFIERS 311

APPENDIX B — SUMMARY OF ADDITION CHANGES AND REVISIONS 323

APPENDIX C — TABLE OF DRUGS 445

INDEX 505

INTRODUCTION

HCPCS is an acronym for HCFA Common Procedure Coding System. This coding system was developed in 1983 by the Health Care Financing Administration (HCFA) for the purpose of standardizing the coding systems used to process Medicare claims. The HCPCS coding system is primarily used to bill Medicare for supplies, materials and injections. It is also used to bill for certain services and procedures which are not defined in CPT. HCPCS codes must be used when billing Medicare carriers, and in some states, Medicaid carriers. Some private insurance carriers also allow or mandate the use of HCPCS codes, mostly those that are processing Medicare claims.

STRUCTURE OF HCPCS

HCPCS is a systematic method for coding supplies, materials, injections and services performed by health care professionals. Each supply, material, injection or service is identified with a five digit alphanumeric code. With the HCPCS coding system, the supplies, materials and injections can be accurately identified and properly reimbursed. There are three levels of codes within the HCPCS coding system.

LEVEL I CPT CODES

The major portion of the HCPCS coding system, referred to as Level I, is CPT. Most of the procedures and services you perform, even for Medicare patients, are billed using CPT codes. However, one of the major deficiencies of CPT is that it has limited code selections to describe supplies, materials and injections.

LEVEL II NATIONAL CODES

HCPCS National Level II codes are alphanumeric codes which start with a letter followed by four numbers. The range of HCPCS National Level II codes is from A0000 through V0000. There are also HCPCS National Level II modifiers. HCPCS National Level II codes are uniform in description throughout the United States. However, due to what is known as "carrier discretion" the processing and reimbursement of HCPCS National Level II codes is not necessarily uniform.

There are over 2,400 HCPCS National Level II codes covering supplies, materials, injections and services. A fundamental understanding of when and how to use HCPCS National Level II or Local Level III codes can have a significant impact on your Medicare reimbursement. The majority

of health care professionals use codes from the Medical and Surgical Supplies section and Drugs Administered by Other Than Oral Method, commonly referred to as "A" codes and "J" codes.

LEVEL III LOCAL CODES

HCPCS Local Level III codes are also alphanumeric codes which start with a letter followed by four numbers. The range of HCPCS Local Level III codes is from W0000 to Z0000. Local Level III codes are assigned and maintained by your local Medicare carrier and will vary from carrier to carrier. HCPCS Local Level III codes are often used to describe new services, supplies and materials, or to report procedures and services which have been deleted from CPT, but which the local Medicare carrier still recognizes and reimburses. HCPCS Local Level III codes may be obtained from your local Medicare carrier.

HCPCS CODE OVERLAP

As may be expected, there is some overlap among the three HCPCS code levels. On occasion you may have a coding situation where a specific code exists at all three levels for the same service or material. When faced with this situation, the general rule is that Local Level III codes have the highest priority, followed by National Level II codes, followed by CPT codes. You should consult your local Medicare carrier if you have any questions regarding HCPCS code overlap.

SECTIONS

The main body of HCPCS National Level II codes is divided into 22 sections. The supplies, materials, injections and services are presented in alphanumeric order within each section. The sections of HCPCS National Level II are:

TRANSPORTATION SERVICES	A0000-A0999
CHIROPRACTIC SERVICES	A2000-A2999
MEDICAL AND SURGICAL SUPPLIES	A4000-A4999
MISCELLANEOUS AND EXPERIMENTAL	A9000-A9999
ENTERAL AND PARENTERAL THERAPY	B4000-B9999
TEMPORARY HOSPITAL OUTPATIENT PPS	C0000-C9999
DENTAL PROCEDURES	D0000-D9999
DURABLE MEDICAL EQUIPMENT (DME)	E0000-E9999
PROCEDURES/SERVICES TEMPORARY	G0000-G9999
REHABILITATIVE SERVICES	H5000-H5999

DRUGS ADMINISTERED OTHER THAN ORAL METHOD	J0000-J8999
CHEMOTHERAPY DRUGS	J9000-J9999
TEMPORARY CODES FOR DMERCS	K0000-K9999
ORTHOTIC PROCEDURES	L0000-L4999
PROSTHETIC PROCEDURES	L5000-L9999
MEDICAL SERVICES	M0000-M9999
PATHOLOGY AND LABORATORY	P0000-P9999
TEMPORARY CODES	Q0000-Q0099
DIAGNOSTIC RADIOLOGY SERVICES	R0000-R5999
PRIVATE PAYER CODES	S0000-S9999
VISION SERVICES	V0000-V2999
HEARING SERVICES	V5000-V5999

INSTRUCTIONS FOR USE OF HCPCS NATIONAL LEVEL II

A health care professional using the HCPCS National Level II codes selects the name of the material, supply, injection, service or procedure that most accurately identifies the service performed or supply delivered. Most often, HCPCS National Level II codes will be used instead of, or in addition to, CPT codes for visits, evaluation and management services, or other procedures performed at the same time or during the same visit. All services, procedures, supplies, materials and injections should be properly documented in the medical record.

The listing of a supply, material, injection or service and its code number in a specific section of HCPCS does not usually restrict its use to a specific profession or specialty group. However, there are some HCPCS National Level II codes that are by definition, profession or specialty specific.

FORMAT OF THE TERMINOLOGY

HCPCS National Level II terminology has been developed as stand-alone descriptions of supplies, materials, injections, services and procedures. However, some of the procedures in HCPCS National Level II are not printed in their entirety but refer back to a common portion of the procedure listed in a preceding entry. This is evident when an entry is followed by one or more indentations. For example:

L1610 Hip orthosis (HO), abduction control of hip joints; flexible, (Frejka cover only), prefabricated, includes fitting and adjustment

L1640 static, pelvic band or spreader bar, thigh cuffs, custom fabricated

Note that the common part of code L1610 (the part before the semicolon) should be considered part of code L1640. Therefore the full procedure description represented by code L1640 would read:

L1640 Hip orthosis (HO), abduction control of hip joints; static, pelvic band or spreader bar, thight cuffs, custom fabricated

GUIDELINES

Specific GUIDELINES are presented at the beginning of most of the sections. These GUIDELINES define items that are necessary to appropriately interpret and report the supplies, materials, injections, services and procedures listed in that section.

HCPCS MODIFIERS

A modifier provides the means by which the health care professional can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. HCPCS modifiers may be used to indicate the following:

- A service was supervised by an anesthesiologist
- A service was performed by a specific health care professional, for example, a clinical psychologist, clinical social worker, nurse practitioner, or physician assistant.
- A service was provided as part of a specific government program
- A service was provided to a specific side of the body
- Equipment was purchased or rented
- Single or multiple patients were seen during nursing home visits

It is important to note that HCPCS National Level II modifiers can be combined with CPT codes when reporting services to Medicare.

An example of the use of HCPCS National Level II modifiers is:

E1280-NR Heavy duty wheelchair; detachable arms (desk or full length) elevating legrests - new when rented

A listing of modifiers pertinent to each section of HCPCS National Level II are located in the GUIDELINES of each section. A complete listing of HCPCS National Level II modifiers is found in APPENDIX A.

In addition to HCPCS National Level II modifiers, local Medicare carriers also created Local Level III modifiers. These modifiers usually begin with W, X, Y or Z and can be obtained from your local Medicare carrier.

UNLISTED PROCEDURE OR SERVICE

A service or procedure may be provided that is not listed in this edition of HCPCS National Level II. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS National Level II terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted," "not otherwise classified," "unspecified," "unclassified," "other" and "miscellaneous." Prior to using these codes, try to determine if a Local Level III or CPT code is available. When an unlisted procedure code is used, the supply, material, injection, service or procedure must be described. Each of these unlisted procedure codes relates to a specific section of HCPCS National Level II and is presented in the GUIDELINES of that section.

SPECIAL REPORT

A supply, material, injection, service or procedure that is rarely provided, unusual, variable or new may require a special report for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the supply, material, injection, service or procedure.

HCPCS CODE CHANGES

Each year numerous codes are added, changed or deleted. A summary of revisions to HCPCS 2001 is found in APPENDIX B. The following symbols, identical to those used in CPT, are used to indicate additions, changes and deletions in HCPCS National Level II.

ADDITIONS TO HCPCS

New HCPCS National Level II codes are identified with a small black circle placed to the left of the code number. An example of a new code in HCPCS 2001 is:

● **H0001** Alcohol and/or drug assessment

CHANGES TO HCPCS

Changes in HCPCS National Level II code definitions are identified with a small black triangle placed to the left of the code number. An example of a changed code in HCPCS 2001 is:

▲ **A4381** Ostomy pouch, urinary, for use on faceplate, rubber, each

DELETIONS FROM HCPCS

Deleted HCPCS National Level II codes are enclosed within parenthesis, along with an italicized reference to replacement codes when available. An example of a code deleted from HCPCS 2001 is:

(K0537) Code deleted 2001, use A6233

SPECIAL COVERAGE SYMBOLS

NOT VALID FOR MEDICARE

There are codes listed in HCPCS which are not valid for Medicare. These codes are identified by a red bar over the HCPCS code. These codes should not be used to report services to Medicare.

NON-COVERED BY MEDICARE

There are numerous supplies, materials, injections, services and procedures which are not covered by Medicare, either by program definition or by legislative statute. Examples of non-covered services include routine services and appliances, foot care and supportive devices for feet, custodial care, personal comfort items, and cosmetic surgery. These codes are identified by an orange bar over the HCPCS code. These codes should not be used to report services to Medicare; however, in most cases, you may bill the patient directly for non-covered services.

SPECIAL COVERAGE INSTRUCTIONS

Your local Medicare carrier has specific coverage instructions for processing certain HCPCS codes. These codes are identified by a yellow bar over the HCPCS code. While these codes are covered by the Medicare program, the use of these codes does not guarantee payment. If you have a question about a specific code in this category, review your Medicare provider manual or consult with your local Medicare carrier.

CARRIER DISCRETION

Processing and payment for these codes is done at the discretion of each insurance carrier. These codes are identified by a blue bar over the HCPCS code. For codes in this category, you should check with your Medicare carrier for proper billing instructions prior to filing an insurance claim.

DURABLE MEDICAL EQUIPMENT REGIONAL CARRIERS (DMERCS)

In the fall of 1993, HCFA changed the requirements for submission of Medicare claims for durable medical equipment (DME), prosthetics, orthotics and supplies. After October 1, 1993, all claims covering these items go to one of four durable medical equipment regional carriers, or DMERCs.

MEDICARE SUPPLIER NUMBER

Before submitting claims to DMERCs, you must apply for a new supplier number. You must use this number when submitting claims to all four carriers. To apply for a new supplier number you need to complete the Medicare Supplier Number Application form (HFCA-192). You may request an application form by contacting the National Supplier Clearinghouse at Post Office Box 100142, Columbia, SC, 29202-3142 or by calling 1-803-754-3951.

REGIONALIZATION OF CLAIM PROCESSING

In accordance with Section 1834(a) of Title XVIII of the Social Security Act, HCFA has contracted with four carriers to process Part B Medicare claims for durable medical equipment, prosthetics, orthotics, and supplies. Listed below are the contracted carriers and the states that they serve. The residence of the beneficiary is what determines which regional carrier processes the claim.

Region A: Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont

HealthNow New York, Inc.
Medicare Region A DMERC
33 Lewis Road
P.O. Box 5236
Binghamtom, NY 13905
(607) 766-6000

Region B: District of Columbia, Illinois, Indiana, Maryland, Michigan, Minnesota, Ohio, Virginia, West Virginia, Wisconsin

AdminaStar Federal, Inc.
Medicare Region B DMERC
8115 Knue Road
Indianapolis, IN 46250
(317) 841-4400
(877) 299-7900

Region C: Alabama, Arkansas, Colorado, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, Virgin Islands

Palmetto Government Benefits Administrators
Medicare Region C DMERC
P.O. Box 100254
Columbia, SC 29202
(803) 735-1034
(866) 238-9650

Region D: Alaska, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming

CIGNA
Medicare Region D DMERC
P.O. Box 690
Nashville, TN 37202
(615) 244-5600
(615) 728-4511

CHANGE OF CLAIM JURISDICTION

Prior to October 1, 1993, Medicare carriers processed durable medical equipment (DME), prosthetics, and orthotics claims based on where the transaction for the sale or rental took place. This is called the point of sale. Beginning October 1, 1993 and according to the state by state transfer schedule, regional processing of supplier claims will use beneficiary residence to determine which regional carrier has claim jurisdiction.

ELECTRONIC CLAIM FILING

HCFA is strongly encouraging electronic claims submission to DMERCs. Suppliers submitting claims electronic must use the HCFA designated National Standard Format which meets all Medicare billing requirements and is accepted by other third-party insurance carriers. The regional carriers will assist you in converting to electronic claims submission. You can contact the Electronic Media Coordinater (EMC) at the DMERCs listed above.

HCPCS 2001 ON DISK

HCPCS 2001 procedure codes and descriptions are also available on disk for IBM PC-compatible computer systems. The HCPCS Short Description disk includes all HCPCS National Level II codes with descriptions of 28 characters or less. The HCPCS disk contains only data files in ASCII format. It does not contain a program or other operating software. For information regarding HCPCS codes on disk, call PMIC at 1-800-MED-SHOP, or visit our web site and virtual bookstore at http://www.medicalbookstore.com.

TRANSPORTATION SERVICES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **VEHICLE AND CREW REQUIREMENTS:** The ambulance must be designed and equipped for transporting the sick or injured and include patient care equipment, such as a stretcher, clean linens, first aid supplies, oxygen equipment and other safety and lifesaving equipment required by state or local authorities. The ambulance crew must have two members, one of which has medical training equivalent to the standard and advanced Red Cross training. The vehicle and personnel supplier must provide a statement that describes the first-aid, safety and other patient-care items in the vehicle, the extent of first-aid training of the personnel and the supplier's agreement to notify Medicare of any changes that could affect coverage.

2. **AIR AMBULANCE SERVICE:** Air ambulance services are covered when the point of pick-up is inaccessible by land vehicle; distances or other obstacles are involved in getting the patient to the nearest hospital with appropriate facilities; and, all other conditions of coverage are met.

3. **AMBULANCE SERVICE CLAIMS:** Reimbursement may be made for expenses incurred for ambulance services when specific conditions have been met and the appropriate medical documentation is provided.

4. **MATERIALS SUPPLIED BY AMBULANCE SERVICE:** Reusable devices, such as back boards, neck boards and inflatable leg and arm splints, are considered part of general ambulance services and included in the charge for the trip. A separate reasonable charge may be recognized for non-reusable items and disposable supplies, such as oxygen, gauze and dressings, that are required for patient care during the trip.

5. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining

unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for **TRANSPORTATION SERVICES** are as follows:

A0999 Unlisted ambulance service

6. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

7. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. One digit codes are to be used in combination. The first digit should indicate the origin; the second digit should indicate the destination.

   The Level II modifiers commonly used with TRANSPORTATION codes are as follows:

   -D Diagnostic or therapeutic site other than -P or -H when these are used as origin codes

   -E Residential, domiciliary, custodial facility (other than an 1819 facility)

   -H Hospital

   -N Skilled nursing facility (SNF) (1819 facility)

   -P Physician's office

   -R Residence

   -S Scene of accident or acute event

   -X (Destination code only) Intermediate stop at physician's office on the way to the hospital

-AS Ambulance trip to an out-of-state hospital (Medicaid only)

-EE Ambulance trip from an ECF or nursing home to another ECF or nursing home

-EH Ambulance trip from an ECF or nursing home to a hospital

-EP Ambulance trip from an ECF or nursing home to a physician's office

-ER Ambulance trip from an ECF or nursing home to a patient's residence

-HE Ambulance trip from a hospital to an ECF or nursing home

-HH Ambulance trip for discharge/transfer from one hospital to another hospital

-HR Ambulance trip from a hospital to a patient's residence

-HT Ambulance trip from one hospital to another for diagnostic and/or therapeutic services and return

-PH Ambulance trip from a physician's office to a hospital

-QM Ambulance service provided under arrangement by a provider of services

-QN Ambulance service furnished directly by a provider of services

-RA Ambulance trip from the patient's residence to a physician's office

-RE Ambulance trip from the patient's residence to an ECF or nursing home

-RH Ambulance trip from the patient's residence to a hospital

-SH Ambulance trip from the scene of an accident to a hospital

-UC Unclassified ambulance service

8. CPT CODE CROSS-REFERENCE: Unless specified otherwise, there is no equivalent CPT code for listings in this section.

Transportation Services Including Ambulance

(A0010) Code deleted 1995; see codes A0300-A0888.

(A0020) Code deleted 1995; see codes A0300-A0888.

A0021 Ambulance service; outside state per mile, transport (Medicaid only)

(A0030) Code deleted 2001; use A0430

(A0040) Code deleted 2001; use A0431

(A0050) Code deleted 2001; use A0429

(A0060) Code deleted 1995; see codes A0300-A0888.

Ambulance Waiting Time Table

Units	Time (Hrs)	Units	Time (Hrs)
1	1/2 to 1	6	3 to 3 1/2
2	1 to 1 1/2	7	3 1/2 to 4
3	1 1/2 to 2	8	4 to 4 1/2
4	2 to 2 1/2	9	4 1/2 to 5
5	2 to 3	10	5 to 5 1/2

(A0070) Code deleted 1995; see codes A0300-A0888.

A0080 Non-emergency transportation; per mile—volunteer, with no vested or personal interest

A0090 per mile—volunteer, interested individual, neighbor

A0100 taxi—intra city

A0110 and bus, intra or inter state carrier

A0120 mini-bus, mountain area transports, other non-profit transportation systems

A0130 wheel-chair van

A0140 and air travel (private or commercial) intra or inter state

(A0150) Code deleted 1995; see A0300-A0888

A0160 per mile—case worker or social worker

A0170 ancillary: parking fees, tolls, other

A0180 ancillary: lodging-recipient

A0190 ancillary: meals-recipient

A0200 ancillary: lodging-escort

A0210 ancillary: meals-escort

(A0215) Code deleted 1995; see codes A0300-A0888

(A0220) Code deleted 1995; see codes A0300-A0888

(A0221) Code deleted 1995; see codes A0300-A0888

(A0222) Code deleted 1995; see codes A0300-A0888

(A0223) Code deleted 1995; see codes A0300-A0888

A0225 Ambulance service; neonatal transport, base rate, emergency transport, one way

(A0300) Code deleted 2001; use A0428

(A0302) Code deleted 2001; use A0429

(A0304) Code deleted 2001; use A0428

(A0306) Code deleted 2001; use A0426

(A0308) Code deleted 2001; use A0429

(A0310) Code deleted 2001; use A0427

(A0320) Code deleted 2001; use A0428

(A0322) Code deleted 2001; use A0429

(A0324) Code deleted 2001; use A0428

(A0326) Code deleted 2001; use A0426

(A0328) Code deleted 2001; use A0429

(A0330) Code deleted 2001; use A0427

(A0340) Code deleted 2001; use A0428

(A0342) Code deleted 2001; use A0429

(A0344) Code deleted 2001; use A0428

(A0346) Code deleted 2001; use A0426

(A0348) Code deleted 2001; use A0429

(A0350) Code deleted 2001; use A0427

(A0360) Code deleted 2001; use A0428

(A0362) Code deleted 2001; use A0429

(A0364) Code deleted 2001; use A0428

(A0366) Code deleted 2001; use A0426

A0368 Ambulance service, advanced life support (ALS), emergency transport, no specialized ALS services rendered, mileage and disposable supplies separately billed

(A0370) Code deleted 2001; use A0427

(A0380) Code deleted 2001; use A0425

A0382 (BLS) routine disposable supplies

A0384 (BLS) specialized service disposable supplies, defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)

(A0390) Code deleted 2001; use A0425

A0392 (ALS) specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)

A0394 (ALS) specialized service disposable supplies; IV drug therapy

A0396 (ALS) specialized service disposable supplies; esophageal intubation

A0398 (ALS) routine disposable supplies

A0420 Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments

A0422 Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation

A0424 Extra ambulance attendant, ALS or BLS (requires medical review)

● **A0425** Ground mileage, per statue mile

● **A0426** Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1)

● **A0427** Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency)

● **A0428** Ambulance service, basic life support, non-emergency transport (BLS)

● **A0429** Ambulance service, basic life support, emergency transport (BLS-emergency)

● **A0430** Ambulance service, conventional air services, transport, one way (fixed wing)

● **A0431** Ambulance service, conventional air services, transport, one way (rotary wing)

● **A0432** Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers

- **A0433** Advanced life support, level 2 (ALS2)
- **A0434** Specialty care transport (SCT)
- **A0435** Fixed wing air mileage, per statute mile
- **A0436** Rotary wing air mileage, per statute mile

A0888 Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)

A0999 Unlisted ambulance service

CHIROPRACTIC SERVICES

Guidelines

As of 1998, all HCPCs codes for chiropractic services have been discontinued. Use CPT codes to report these procedures. Please contact your local carrier if you have specific questions.

Chiropractice Services

(A2000) Code deleted 1998; use CPT

MEDICAL AND SURGICAL SUPPLIES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the MEDICAL AND SURGICAL SUPPLIES section that have "notes" are as follows:

Subsection	Code Numbers
External urinary supplies	A4356-A4359
Tracheostomy supplies	A4622-A4626
Supplies for ESRD	A4650-A4927

2. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for MEDICAL AND SURGICAL SUPPLIES are as follows:

A4335	Incontinence supply; miscellaneous
A4421	Ostomy supply; miscellaneous
A4649	Surgical supply; miscellaneous
A4913	Miscellaneous dialysis supplies, not identified elsewhere, by report
A5149	Incontinence/ostomy supply; miscellaneous
A6261	Wound filler, gel/paste, per fluid ounce, not elsewhere classified
A6262	Wound filler, dry foam, per gram, not elsewhere classified

3. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

4. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with MEDICAL AND SURGICAL SUPPLIES are as follows:

   -CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

   -LT Left side (used to identify procedures performed on the left side of the body)

   -RT Right side (used to identify procedures performed on the right side of the body)

5. **CPT CODE CROSS-REFERENCE:** Unless specified otherwise, the equivalent CPT code for all listings in this section is 99070.

6. **DURABLE MEDICAL EQUIPMENT REGIONAL CARRIERS (DMERCS)**: Effective October 1, 1993 claims for supplies must be billed to one of four regional carriers depending upon the residence of the beneficiary. The transition dates for DMERC claims is from November 1, 1993 to March 1, 1994, also depending upon the state you practice in. See the Introduction for a complete discussion of DMERCs.

Medical And Surgical Supplies

(A4190) Code deleted 1997

(A4200) Code deleted 1998

(A4202) Code deleted 1997

(A4203) Code deleted 1997

(A4204) Code deleted 1997

(A4205)	Code deleted 1997
A4206	Syringe with needle; sterile 1cc, each
A4207	sterile 2cc, each
A4208	sterile 3cc, each
A4209	sterile 5cc or greater, each
A4210	Needle-free injection device, each
A4211	Supplies for self-administered injections
A4212	Non-coring needle or stylet with or without catheter
A4213	Syringe, sterile, 20cc or greater, each
A4214	Sterile saline or water, 30cc vial
A4215	Needles only, sterile, any size, each
A4220	Refill kit for implantable infusion pump
A4221	Supplies for maintenance of drug infusion catheter, per week (list drug separately)
A4222	Supplies for external drug infusion pump, per cassette or bag (list drug separately)
▲A4230	Infusion set for external insulin pump, non needle cannula type
▲A4231	Infusion set for external insulin pump, needle type
▲A4232	Syringe with needle for external insulin pump, sterile, 3cc
A4244	Alcohol or peroxide, per pint
A4245	Alcohol wipes, per box
A4246	Betadine or phisohex solution, per pint
A4247	Betadine or iodine swabs/wipes, per box
A4250	Urine test or reagent strips or tablets (100 tablets or strips)

A4253 Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips

A4254 Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each

A4255 Platforms for home blood glucose monitor, 50 per box

A4256 Normal, low and high calibrator solution/chips

A4258 Spring-powered device for lancet, each

A4259 Lancets, per box of 100

A4260 Levonorgestrel (contraceptive) implants system, including implants and supplies

A4261 Cervical cap for contraceptive use

A4262 Temporary, absorbable lacrimal duct implant, each

A4263 Permanent, long term, non-dissolvable lacrimal duct implant, each

A4265 Paraffin, per pound

A4270 Disposable endoscope sheath, each

A4280 Adhesive skin support attachment for use with external breast prosthesis, each

● **A4290** Sacral nerve stimulation test lead, each

VASCULAR CATHETERS

A4300 Implantable access catheter (venous, arterial, epidural, or peritoneal), external access

A4301 Implantable access total system; catheter, port/reservoir (venous, arterial or epidural), percutaneous access

INCONTINENCE APPLIANCES AND CARE SUPPLIES

A4305 Disposable drug delivery system, flow rate of 50 ml or greater per hour

A4306 Disposable drug delivery system, flow rate of 5 ml or less per hour

A4310 Insertion tray without drainage bag; and without catheter (accessories only)

A4311 Insertion tray without drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)

A4312 with indwelling catheter, foley type, two-way, all silicone

A4313 with indwelling catheter, foley type, three-way, for continuous irrigation

A4314 Insertion tray with drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)

A4315 with indwelling catheter, foley type, two-way, all silicone

A4316 with indwelling catheter, foley type, three-way, for continuous irrigation

● **A4319** Sterile water irrigation solution, 1000 ml

A4320 Irrigation tray with bulb or piston syringe, any purpose

A4321 Therapeutic agent for urinary catheter irrigation

A4322 Irrigation syringe, bulb or piston, each

A4323 Sterile saline irrigation solution, 1000 ml

● **A4324** Male external catheter, with adhesive coating, each

● **A4325** Male external catheter, with adhesive strip, each

A4326 Male external catheter specialty type, (e.g., inflatable, faceplate, etc;) each

A4327 Female external urinary collection device; meatal cup, each

A4328 pouch, each

A4329 External catheter starter set, male/female, includes catheters/urinary collection device, bag/pouch and accessories (tubing, clamps, etc.) 7 day supply

A4330 Perianal fecal collection pouch with adhesive, each

● **A4331** Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each

● **A4332** Lubricant, individual sterile packet, for insertion of urinary catheter, each

● **A4333** Urinary catheter anchoring device, adhesive skin attachment, each

● **A4334** Urinary catheter anchoring device, leg strap, each

A4335 Incontinence supply; miscellaneous

A4338 Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each

A4340 Indwelling catheter; specialty type, (e.g.; coude, mushroom, wing, etc.), each

URINARY CATHETERS

A4344 Indwelling catheter, foley type; two-way all silicone, each

A4346 three-way for continuous irrigation, each

A4347 Male external catheter, with or without adhesive, with or without anti-reflux device; per dozen

● **A4348** Male external catheter with integral collection compartment, extended wear, each, (e.g., 2 per month)

A4351 Intermittent urinary catheter; straight tip, each

A4352 coude (curved) tip, each

A4353 Intermittent urinary catheter, with insertion supplies

A4354 Insertion tray with drainage bag, but without catheter

A4355 Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each

EXTERNAL URINARY SUPPLIES

A4356 External urethral clamp or compression device (not to be used for catheter clamp), each

A4357 Bedside drainage bag, day or night with or without anti-reflux device, with or without tube, each

A4358 Urinary leg bag; vinyl, with or without tube, each

A4359 Urinary suspensory without leg bag, each

NOTE: See DME section for male or female urinals

OSTOMY SUPPLIES

A4361 Ostomy faceplate, each

A4362 Skin barrier; solid, 4 x 4 or equivalent; each

(A4363) Code deleted 2000; use A4369, A4370, A4371

▲**A4364** Adhesive, liquid, for use with facial prosthesis only, per ounce

▲**A4365** Adhesive remover wipes, any type, per 50

A4367 Ostomy belt, each

A4368 Ostomy filter, any type, each

A4369 Ostomy skin barrier, liquid (spray, brush, etc.), per oz.

A4370 Ostomy skin barrier, paste, per oz.

A4371 Ostomy skin barrier, powder, per oz.

A4372 Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each

A4373 Ostomy skin barrier, with flange (solid, flexible or accordion), standard wear, with built-in convexity, any size, each

A4374 Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, any size, each

A4375 Ostomy pouch, drainable, with faceplate attached, plastic, each

A4376 Ostomy pouch, drainable, with faceplate attached, rubber each

A4377 Ostomy pouch, drainable, for use on faceplate, plastic, each

A4378 Ostomy pouch, drainable, for use on faceplate, rubber, each

A4379 Ostomy pouch, urinary, with faceplate attached, plastic, each

A4380 Ostomy pouch, urinary, with faceplate attached, rubber, each

▲**A4381** Ostomy pouch, urinary, for use on faceplate, plastic, each

A4382 Ostomy pouch, urinary, for use on faceplate, heavy plastic, each

A4383 Ostomy pouch, urinary, for use on faceplate, rubber, each

A4384 Ostomy faceplate equivalent, silicone ring, each

A4385 Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each

A4386 Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, any size, each

A4387 Ostomy pouch closed, with standard wear barrier attached, with built-in convexity (1 piece), each

A4388 Ostomy pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece)

A4389 Ostomy pouch, drainable, with standard wear barrier attached, with built-in convexity (1 piece), each

A4390 Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each

A4391 Ostomy pouch, urinary, with extended wear barrier attached, without built-in convexity (1 piece), each

A4392 Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each

A4393 Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each

A4394 Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce

A4395 Ostomy deodorant for use in ostomy pouch, solid, per tablet

● **A4396** Ostomy belt with peristomal hernia support

A4397 Irrigation supply; sleeve, each

A4398 Ostomy irrigation supply; bag, each

A4399 cone/catheter, including brush

A4400 Ostomy irrigation set

A4402 Lubricant, per ounce

A4404 Ostomy ring, each

A4421 Ostomy supply; miscellaneous

SUPPLIES

A4454 Tape, all types, all sizes

A4455 Adhesive remover or solvent (for tape, cement or other adhesive), per ounce

A4460 Elastic bandage, per roll (e.g., compression bandage)

A4462 Abdominal dressing holder/binder, each

● **A4464** Joint supportive device/garment, elastic or equal, each

	A4465	Non-elastic binder for extremity
	A4470	Gravlee jet washer
	A4480	Vabra aspirator
	A4481	Thracheostoma filter, any type, any size, each
	A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation
	A4490	Surgical stockings; above knee length, each
	A4495	thigh length, each
	A4500	below knee length, each
	A4510	full length, each
▲	A4550	Surgical trays
	A4554	Disposable underpads, all sizes, (e.g., chux's)
	A4556	Electrodes, (e.g., apnea monitor), per pair
	A4557	Lead wires, (e.g., apnea monitor), per pair
	A4558	Conductive paste or gel
	(A4560)	Code deleted 2001
●	A4561	Pessary, rubber, any type
●	A4562	Pessary, non rubber, any type
	A4565	Slings
	A4570	Splint
	A4572	Rib belt
	A4575	Topical hyperbaric oxygen chamber, disposable
	A4580	Cast supplies (e.g., plaster)
	(A4581)	Code deleted 1997

A4590 Special casting materials (e.g., fiberglass)

A4595 Tens supplies, 2 lead, per month

SUPPLIES FOR OXYGEN AND RELATED RESPIRATORY EQUIPMENT

● **A4608** Transtracheal oxygen catheter, each

(A4610) Code deleted 1997

A4611 Battery, heavy duty; replacement for patient-owned ventilator

A4612 Battery cables; replacement for patient-owned ventilator

A4613 Battery charger; replacement for patient-owned ventilator

A4614 Peak expiratory flow rate meter, hand held

A4615 Cannula, nasal

A4616 Tubing (oxygen), per foot

A4617 Mouth piece

A4618 Breathing circuits

A4619 Face tent

A4620 Variable concentration mask

A4621 Tracheotomy mask or collar

A4622 Tracheostomy or laryngectomy tube

A4623 Tracheostomy, inner cannula (replacement only)

A4624 Tracheal suction catheter, any type, each

A4625 Tracheostomy care kit for new tracheostomy

A4626 Tracheostomy cleaning brush, each

NOTE: All of the descriptions for tracheostomy supplies, codes A4622-A4626 are "per item". The correct number of items purchased must be entered in the days or units field (box 24-G) on the HCFA1500 claim form. The terms "items" and "units" are used interchangeably.

A4627 Spacer, bag or reservoir, with or without mask, for use metered dose inhaler

A4628 Oropharyngeal suction catheter, each

A4629 Tracheostomy care kit for established tracheostomy

SUPPLIES FOR OTHER DURABLE MEDICAL EQUIPMENT

A4630 Replacement, batteries for medically necessary T.E.N.S owned by patient

A4631 Replacement, batteries for medically necessary electronic wheel chair owned by patient

A4635 Underarm pad, crutch, replacement, each

A4636 Replacement, handgrip, cane, crutch, or walker, each

A4637 Replacement, tip, cane, crutch, walker, each

A4640 Replacement pad for use with medically necessary alternating pressure pad owned by patient

A4641 Supply of radiopharmaceutical diagnostic imaging agent, not otherwise classified

A4642 Supply of satumomab pendetide, radiopharmaceutical diagnostic imaging agent, per dose

A4643 Supply of additional high dose contrast material(s) during magnetic resonance imaging, e.g. gadoteridol injection

A4644 Supply of low osmolar contrast material (100-199 mgs of Iodine)

A4645 (200-299 mgs of Iodine)

A4646 (300-399 mgs of Iodine)

SUPPLIES FOR RADIOLOGICAL PROCEDURES

A4647 Supply of paramagnetic contrast material, (e.g. gadolinium)

A4649 Surgical supply, miscellaneous

SUPPLIES FOR ESRD

NOTE: For DME items for ESRD see procedure codes D1500-E1699. For dialysis Procedures, see M0900-M0999.

A4650 Centrifuge (includes calibrated microcapillary tubes and sealease)

A4655 Needles and syringes for dialysis

A4660 Sphygmomanometer/blood pressure apparatus with cuff and stethoscope

A4663 Blood pressure cuff only

A4670 Automatic blood pressure monitor

A4680 Activated carbon filters for dialysis

A4690 Dialyzers (artificial kidneys) all brands, all sizes per unit

A4700 Standard dialysate solution, each

A4705 Bicarbonate dialysate solution, each

A4712 Water, sterile

A4714 Treated water (deionized, distilled, reverse osmoses) for use in dialysis system

A4730 Fistula cannulation set for dialysis only

A4735 Local/topical anesthetics for dialysis only

A4740 Shunt accessories for dialysis only

A4750 Blood tubing; arterial or venous, each

A4755 arterial and venous combined

A4760 Dialysate standard testing solution, supplies

A4765 Dialysate concentrate additives, each

A4770 Blood testing supplies (e.g. vacutainers and tubes)

A4771 Serum clotting time tube, per box

A4772 Dextrostick or glucose test strips, per box

A4773 Hemostix, per bottle

A4774 Ammonia test paper, per box

A4780 Sterilizing agent for dialysis equipment, per gallon

A4790 Cleansing agents for equipment for dialysis only

A4800 Heparin for dialysis and antidote, any strength, porcine or beef, up to 1000 units, 10-30 ml (for parenteral use see B4216)

A4820 Hemodialysis kit supplies

A4850 Hemostats with rubber tips for dialysis

A4860 Disposable catheter caps

A4870 Plumbing and/or electrical work for home dialysis equipment

A4880 Storage tanks utilized in connection with water purification system, replacement tanks for dialysis

A4890 Contracts, repair and maintenance, for home dialysis equipment, dialysis equipment is non-covered

A4900 Continuous ambulatory peritoneal dialysis (CAPD) supply kit

A4901 Continuous cycling peritoneal dialysis (CCPD) supply kit

A4905 Intermittent peritoneal dialysis (IPD) supply kit

A4910 Non-medical supplies for dialysis, (i.e., scale, scissors, stopwatch, etc.)

NOTE: The above procedure includes the following: scale, scissors, stopwatch, surgical brush, thermometer, tool kit, tourniquet, tube occluding forceps/clamps.

A4912 Gomco drain bottle

A4913 Miscellaneous dialysis supplies, not identified elsewhere, by report

A4914 Preparation kits

A4918 Venous pressure clamps, each

A4919 Dialyzer holder, each

A4920 Harvard pressure clamp, each

A4921 Measuring cylinder, any size, each

A4927 Gloves, sterile or non-sterile, per pair

ADDITIONAL OSTOMY SUPPLIES

A5051 Pouch, closed; with barrier attached (1 piece)

A5052 without barrier attached (1 piece)

A5053 for use on faceplate

A5054 for use on barrier with flange (2 piece)

A5055 Stoma cap

A5061 Pouch, drainable; with barrier attached (1 piece)

A5062 without barrier attached (1 piece)

A5063 for use on barrier with flange (2 piece)

A5064 with faceplate attached; plastic or rubber

(A5065) Code deleted 2001

A5071 Pouch, urinary; with barrier attached (1 piece)

A5072 without barrier attached (1 piece)

A5073 for use on barrier with flange (2 piece)

A5074 with faceplate attached; plastic or rubber

A5075 for use on faceplate; plastic or rubber

A5081 Continent device; plug for continent stoma

A5082 catheter for continent stoma

A5093 Ostomy accessory; convex insert

ADDITIONAL INCONTINENCE APPLIANCES/SUPPLIES

A5102 Bedside drainage bottle with or without tubing, rigid or expandable, each

A5105 Urinary suspensory; with leg bag, with or without tube

A5112 Urinary leg bag; latex

A5113 Leg strap; latex, replacement only, per set

A5114 foam or fabric, replacement only, per set

SUPPLIES FOR EITHER INCONTINENCE OR OSTOMY APPLIANCES

A5119 Skin barrier; wipes, box per 50

A5121 solid, 6 x 6 or equivalent, each

A5122 solid 8 x 8 or equivalent, each

A5123 with flange (solid, flexible or accordion), any size, each

A5126 Adhesive or non-adhesive; disk or foam pad

A5131 Appliance cleaner, incontinence and ostomy appliances, per 16 oz.

(A5149) Code deleted 2001; use A4335, A4421

A5200 Percutaneous catheter/tube anchoring device, adhesive skin attachment

SHOE SUPPLIES FOR DIABETICS

A5500 For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe

A5501 For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe

A5502 For diabetics only, multiple density insert(s), per shoe

A5503 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe

A5504 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe

A5505 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe

A5506 For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe

A5507 For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe

A5508 For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe

A6020 Collagen based wound dressing, each dressing

● **A6021** Collagen dressing, pad size 16 sq. in. or less, each

● **A6022** Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each

● **A6023** Collagen dressing, pad size more than 48 sq. in., each

● **A6024** Collagen dressing wound filler, per 6 inches

A6025 Silicone gel sheet, each

A6154 Wound pouch, each

A6196 Alginate dressing, wound cover, pad size 16 sq. in. or less, each dressing

A6197 Alginate dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing

A6198 Alginate dressing, wound cover, pad size more than 48 sq. in., each dressing

A6199 Alginate dressing, wound filler, per 6 inches

A6200 Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing

A6201 Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

A6202 Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing

A6203 Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing

A6204 Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing

A6205 Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing

A6206 Contact layer, 16 sq. in. or less, each dressing

A6207 Contact layer, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing

A6208 Contact layer, more than 48 sq. in., each dressing

A6209 Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing

A6210 Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

A6211 Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing

A6212 Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing

A6213 Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing

A6214 Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing

A6215 Foam dressing, wound filler, per gram

A6216 Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing

A6217 Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

A6218 Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing

A6219 Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing

A6220 Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing

A6221 Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing

▲**A6222** Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing

▲**A6223** Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

▲ **A6224** Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing

A6228 Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing

A6229 Gauze, impregnated, water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

A6230 Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing

● **A6231** Gauze, impregnated, hyrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing

● **A6232** Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing

● **A6233** Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing

A6234 Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing

A6235 Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

A6236 Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing

A6237 Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing

A6238 Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing

A6239 Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing

A6240 Hydrocolloid dressing, wound filler, paste, per fluid ounce

A6241 Hydrocolloid dressing, wound filler, dry foam, per gram

A6242 Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing

A6243 Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

A6244 Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing

A6245 Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing

A6246 Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing

A6247 Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing

A6248 Hydrogel dressing, wound filler, gel, per fluid ounce

A6250 Skin sealants, protectants, moisturizers, ointments, any type, any size

A6251 Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing

A6252 Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

A6253 Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing

A6254 Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing

A6255 Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing

A6256 Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing

A6257 Transparent film, 16 sq. in. or less, each dressing

A6258 Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing

A6259 Transparent film, more than 48 sq. in., each dressing

A6260 Wound cleansers, any type, any size

A6261 Wound filler, gel/paste, per fluid ounce, not elsewhere classified

A6262 Wound filler, dry foam, per gram, not elsewhere classified

A6263 Gauze, elastic, non-sterile, all types, per linear yard

A6264 Gauze, non-elastic, non-sterile, per linear yard

A6265 Tape, all types, per 18 square inches

A6266 Gauze, impregnated, other than water or normal saline, any width, per linear yard

A6402 Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing

A6403 Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

A6404 Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing

A6405 Gauze, elastic, sterile, all types, per linear yard

A6406 Gauze, non-elastic, sterile, all types, per linear yard

A7000 Canister, disposable, used with suction pump, each

A7001 Canister, non-disposable, used with suction pump, each

A7002 Tubing, used with suction pump, each

A7003 Administration set, with small volume nonfiltered pneumatic nebulizer, disposable

A7004 Small volume nonfiltered pneumatic nebulizer, disposable

A7005 Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable

A7006 Administration set, with small volume filtered pneumatic nebulizer

A7007 Large volume nebulizer, disposable, unfilled, used with aerosol compressor

A7008 Large volume nebulizer, disposable, prefilled, used with aerosol compressor

A7009 Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer

A7010 Corrugated tubing, disposable, used with large volume nebulizer, 100 feet

A7011 Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet

A7012 Water collection device, used with large volume nebulizer

A7013 Filter, disposable, used with aerosol compressor

A7014 Filter, non-disposable, used with aerosol compressor or ultrasonic generator

A7015 Aerosol mask, used with DME nebulizer

A7016 Dome and mouthpiece, used with small volume ultrasonic nebulizer

A7017 Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen

● **A7018** Water, distilled, used with large volume nebulizer, 1000 ml

● **A7019** Saline solution, per 10 ml, metered dose dispenser, for use with inhalation drugs

● **A7020** Sterile water or sterile saline, 1000 ml, used with large volume nebulizer

● **A7501** Tracheostoma valve, including diaphram, each

- **A7502** Replacement diaphram/faceplate for tracheostoma valve, each

- **A7503** Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each

- **A7504** Filter for use in a tracheostoma heat and moisture exchange system, each

- **A7505** Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each

- **A7506** Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type, each

- **A7507** Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each

- **A7508** Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each

- **A7509** Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each

ADMINISTRATIVE, MISCELLANEOUS AND INVESTIGATIONAL

NOTE: The following codes do not imply that codes in other sections are necessarily covered.

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

2. **CPT CODE CROSS-REFERENCE:** Unless specified otherwise, there is no equivalent CPT code for listings in this section.

Miscellaneous And Experimental

A9150	Non-prescription drugs
A9160	Non-covered service; by podiatrist
A9170	by chiropractor
A9190	Personal comfort item
A9270	Non-covered item or service
A9300	Exercise equipment
A9500	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m sestamibi, per dose
▲**A9502**	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m tetrofosim, per unit dose

A9503 Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m, medronate, up to 30 mci

A9504 Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m apcitide

A9505 Supply of radiopharmaceutical diagnostic imaging agent, thallous chloride Tl 201, per mci

A9507 Supply of radiopharmaceutical diagnostic imaging agent, indium In 111 capromab pendetide, per dose

● **A9508** Supply of radiopharmaceutical diagnostic imaging agent, iobenguane sulfate I-131, per 0.5 mci

● **A9510** Supply of radiopharmaceutical diagnostic imaging agent, technetium TC99M disofenin, per vial

A9600 Supply of therapeutic radiopharmaceutical, strontium-89 chloride, per mci

A9605 Supply of therapeutic radiopharmaceutical, samarium Sm 153 Lexidronamm, 50 mci

● **A9700** Supply of injectable contrast material for use in echocardiography, per study

▲ **A9900** Miscellaneous DME supply, accessory, and/or service component of another HCPCS code

▲ **A9901** DME delivery, set up, and/or dispensing service component of another HCPCS code

ENTERAL AND PARENTERAL THERAPY

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the ENTERAL AND PARENTERAL THERAPY section that have "notes" are as follows:

Subsection	Code Numbers
Enteral formulae and enteral medical supplies	B4034-B5200

2. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for ENTERAL AND PARENTERAL THERAPY are as follows:

B9998	NOC for enteral supplies
B9999	NOC for parenteral supplies

3. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

4. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and

HCPCS National Level II procedure codes. Modifiers commonly used with ENTERAL AND PARENTERAL THERAPY are as follows:

-CC Procedure code change (used when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

5. **CPT CODE CROSS-REFERENCE:** Unless specified otherwise, the equivalent CPT code for all listings in this section is 99070.

Enteral Formulae And Enteral Medical Supplies

B4034 Enteral feeding supply kit; syringe, per day

B4035 pump fed, per day

B4036 gravity fed, per day

B4081 Nasogastric tubing; with stylet

B4082 without stylet

B4083 Stomach tube - levine type

B4084 Gastrostomy/jejunostomy tubing

B4085 Gastrostomy tube, silicone with sliding ring, each

▲**B4150** Enteral formulae; category I; semi-synthetic intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit

▲**B4151** category I; natural intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit

▲**B4152** category II; intact protein/protein isolates (calorically dense), administered through an enteral feeding tube, 100 calories = 1 unit

▲**B4153** category III; hydrolyzed protein/amino acids, administered through an enteral feeding tube, 100 calories = 1 unit

▲**B4154** category IV; defined formula for special metabolic need, administered through an enteral feeding tube, 100 calories = 1 unit

▲**B4155** category V; modular components, administered through an enteral feeding tube, 100 calories = 1 unit

▲**B4156** category VI; standardized nutrients, administered through an enteral feeding tube, 100 calories = 1 unit

NOTE: For solution codes for other than parenteral nutrition therapy use, see J7060, J7070 and J7042.

PARENTERAL NUTRITION

B4164 Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit)—homemix

B4168 amino acid, 3.5% (500 ml = 1 unit)—homemix

B4172 amino acid, 5.5% Thru 7%, (500 ml = 1 unit)—homemix

B4176 amino acid, 7% thru 8.5% (500 ml = 1 unit)—homemix

B4178 amino acid, greater than 8.5% (500 ml = 1 unit)—homemix

B4180 carbohydrates (dextrose), greater than 50% (500 ml = 1 unit)—homemix

B4184 lipids, 10% with administration set (500 ml = 1 unit)

B4186 lipids, 20% with administration set (500 ml = 1 unit)

B4189 compounded amino acids and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein-premix

B4193 compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein-premix

B4197 compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix

B4199 compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix

B4216 Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) homemix per day

B4220 Parenteral nutrition supply kit; premix, per day

B4222 home mix, per day

B4224 Parenteral nutrition administration kit, per day

B5000 Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength; renal - amirosyn RF, nephramine, renamine - premix

B5100 hepatic - freamine HBC, hepatamine - premix

B5200 stress - branch chain amino acids - premix

ENTERAL AND PARENTERAL PUMPS

B9000 Enteral nutrition infusion pump; without alarm

B9002 with alarm

B9004 Parenteral nutrition infusion pump; portable

B9006 stationary

B9998 NOC for enteral supplies

B9999 NOC for parenteral supplies

HOSPITAL OUTPATIENT PPS CODES

Guidelines

The "C" codes are unique temporary codes established by HCFA for use under the Hospital Outpatient Prospective Payment System (OPPS). Non-OPPS use of these codes for Medicare is not valid.

The purpose of the "C" codes is to provide hospitals with a list of codes and long descriptors for drugs, biologicals and devices eligible for transitional pass-through payments, and for items classified in "new technology" ambulatory payment classifications (APCs) under the new Hospital Outpatient Prospective Payment System (OPPS).

The listing of HCPCS codes in this section does not assure coverage of the specific item or service in a given case. To be eligible for pass-through and new technology payments, the items reported with "C" codes must be considered reasonable and necessary.

All of the "C" codes are used exclusively for services paid under the Hospital Outpatient Prospective Payment System and **may not be used to bill for services paid under other Medicare payment systems.**

In addition to the information presented above, several other items unique to this section are defined here:

1. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

2. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes.

Hospital Outpatient PPS Codes

- **C1000** Closure, arterial vascular device, perclose closer arterial vascular closure device, prostar arterial vascular closure device
- **C1001** Catheter, diagnostic ultrasound, acunav diagnostic ultrasound catheter
- **C1003** Catheter, ablation, livewire tc ablation catheter 402132, 402133, 402134, 402135, 402136, 402137, 402145, 402146, 402147, 402148, 402149, 402150, 402151, 402152, 402153, 402154, 402155, 402156
- **C1004** Fast-cath, swartz, safl, csta, sept, ramp guiding introducer
- **C1006** Intraocular lens, array multifocal silicone posterior chamber intraocular lens
- **C1007** Prosthesis, penile, AMS 700 penile prosthesis, AMS Ambicor penile prosthesis note: only the AMS Ambicor penile prosthesis is effective October 1, 2000. AMS 700 penile prosthesis was effective August 1, 2000.
- **C1008** Stent, urethral, permanent, urolume
- **C1009** Plasma, cryoprecipitate reduced, each unit
- **C1010** Blood, leukoreduced, cmv-negative, each unit
- **C1011** Platelet, HLA-matched leukoreduced, apheresis/pheresis, each unit
- **C1012** Platelet concentrate, leukoreduced, irradiated, each unit
- **C1013** Platelet concentrate, leukoreduced, each unit
- **C1014** Platelet, leukoreduced, apheresis/pheresis, each unit
- **C1016** Blood, leukoreduced, frozen/deglycerol/washed, each unit
- **C1017** Platelet, leukoreduced, cmv-negative, apheresis/pheresis, each unit
- **C1018** Blood, leukoreduced, irradiated, each unit

- **C1019** Platelet, leukoreduced, irradiated, apheresis/pheresis, each unit
- **C1024** Quinupristin/dalfopristin, 10 ml, Synercid IV
- **C1025** Catheter, Marinr CS catheter
- **C1026** Catheter ablation, RF Performr, 5F RF Marinr
- **C1027** Stent, coronary, magic wallstent extra short or short coronary self-expanding stent with delivery system, radius 14mm self expanding stent with over the wire delivery system
- **C1028** Sling fixation system for treatment of stress urinary incontinence, precision twist transvaginal anchor system, precision tack transvaginal anchor system, vesica press-in anchor system, Capio CL (TVB/S) transvaginal suturing device
- **C1029** Catheter, balloon dilatation, controlled radial expansion (CRE) balloon dilatation catheter wire guided and fixed wire
- **C1030** Catheter, balloon dilatation, marshal, blue max 20, ultra-thin diamond
- **C1031** Electrode, needle, ablation, mr compatible leveen, modified leveen needle electrode
- **C1033** Catheter, imaging, Sonicath Ultra model 37-410 ultrasound imaging catheter
- **C1034** Catheter, coronary angioplasty, surpass superfusion catheter, long 30 surpass superfusion catheter
- **C1035** Catheter, intracardiac echocardiography, Ultra Ice 6F, 12.5 mhz catheter (with disposable sheath), Ultra Ice 9F, 9 mhz catheter (with disposable sheath)
- **C1036** Port/reservoir, venous access device, vaxcel implantable vascular access system, R port premier vascular access system
- **C1037** Catheter, dialysis, Vaxcel chronic dialysis catheter

● **C1038** Catheter, imaging, ultracross 2.9F 30 mhz coronary imaging catheter, ultracross 3.2F mhz coronary imaging catheter

● **C1039** Stent, tracheobronchial, wallstent tracheobronchial endoprosthesis (covered), wallstent tracheobronchial endoprosthesis with permalume covering and unistep plus delivery system, wallstent rp tracheobronchial endoprosthesis with unistep plus delivery system note: only the wallstent rp tracheobronchial endoprosthesis with unistep plus delivery system is effective october 1, 2000. The wallstent tracheobronchial was effective August 1, 2000.

● **C1040** Stent, self-expandable for creation of intrahepatic shunts, wallstent transjugular intrahepatic portosystemic shunt (tips) with unistep plus delivery system (40/42/60/68mm in length), wallstent rp endoprosthesis with unistep plus delivery system (42/68mm in length) note: only the wallstent rp tips endoprosthesis with unistep plus delivery system is effective october 1, 2000. The wallstent tips endoprosthesis with unistep plus delivery system was effective august 1, 2000.

● **C1042** Stent, biliary, wallstent biliary endoprosthesis with unistep plus delivery system, wallstent biliary endoprosthesis with unistep delivery system (biliary stent and catheter), wallstent rp biliary endoprosthesis with unistep plus delivery system, ultraflex diamond biliary stent system, new microvasive biliary stent and delivery system note: only the wallstent rp biliary endoprosthesis with unistep plus delivery system is effective october 1, 2000. The wallstent, ultraflex diamond, new microvasive biliary stent systems were effective August 1, 2000.

● **C1043** Atherectomy system, coronary, rotablator rotalink atherectomy catheter and burr, rotablator rotalink rotational atherectomy system advancer and guide wire

● **C1045** Supply of radiopharmaceutical diagnostic imaging agent, I-131 mibg [iobenguane sulfate I-131], per 0.5 mci

● **C1047** Catheter, diagnostic, navi-star diagnostic deflectable tip catheter, noga-star diagnostic deflectable tip catheter

● **C1048** Generator, bipolar pulse, cyberonics neurocybernetic prosthesis generator

- **C1050** Protein a immunoadsorption, prosorba column
- **C1051** Catheter, thrombectomy, oasis thrombectomy catheter
- **C1053** Catheter, diagnostic, ensite 3000 catheter
- **C1054** Catheter, thrombectomy, hydrolyser 6F mechanical thrombectomy catheter, hydrolyser 7F mechanical thrombectomy catheter
- **C1055** Catheter, transesophageal 210 atrial pacing catheter, transesophageal 210-s atrial pacing catheter
- **C1056** Catheter, ablation, gynecare thermachoice II catheter
- **C1057** Tissue marker, 11-gauge micromark II tissue marker
- **C1059** Autologous cultrured chondrocytes, implantation, carticel
- **C1060** Stent, coronary, acs multi-link tristar coronary stent system and delivery system, acs multi-link ultra coronary stent system note: acs multi-link ultra is effective January 1, 2001. ACS multi-link tristar was effective August 1, 2000.
- **C1061** Catheter, coronary guide, acs viking guiding catheter
- **C1063** Lead, defibrillator, Endotak Endurance EZ, Endotake Endurance RX, Endotak Endurance 0134, 0135, 0136 note: Endotak Endurance is effective 1/1/2001. Endotak Endurance EZ and RX were effective 8/1/2000.
- **C1067** Stent, biliary, megalink biliary stent
- **C1068** Pacemaker, dual chamber, pulsar ddd
- **C1069** Pacemaker, dual chamber, discovery dr
- **C1071** Pacemaker, single chamber, pulsar max sr, pulsar sr
- **C1072** Catheter, balloon dilatation, coronary, rx esprit, rx gemini, rx solaris, otw photon, otw solaris
- **C1073** Morcellator, laparoscopic, gynecare x-tract laparascopic morcellator

- **C1074** Catheter, peripheral dilatation, rx viatrac 14 peripheral dilatation catheter, otw viatrac 18 peripheral dilatation catheter

- **C1075** Lead, pacemaker, selute picotip, selute, sweet picotip rx, sweet tip rx, fineline, fineline ez, thinline, thinline ez

- **C1076** Defibrillator, single chamber, automatic, implantable, ventak mini iv, ventak mini iv+ (models 1793, 1796), ventak mini iii he, ventak mini iii he+ (models 1788, 1789), ventak mini iii, ventak mini iii + (models 1783, 1786) note: only the ventak mini iv+, ventak mini iii he+ and ventak mini iii+ are effective January 1, 2001. ventak mini iv, ventak mini iii he, and ventak mini iii were effective August 1, 2000.

- **C1077** Defibrillator, single chamber, automatic, implantable, Ventak Prizm VR, Ventak VR

- **C1078** Defibrillator, dual chamber, automatic, implantable, Ventak Prizm, Ventak AV III DR

- **C1079** Supply of radiopharmaceutical diagnostic imaging agent, cyanocobalamin CO 58/57, kit, 0.5 mci, Nycomed cyanoco CO 57/cyanoco CO 58

- **C1084** Denileukin diftitox, 300 mcg, Ontak IV

- **C1086** Temozolomide, 5 mg, Temodar

- **C1087** Supply of radiopharmaceutical imaging agent, sodium iodide I-123 (capsule), per uci

- **C1088** Laser optic treatment system, indigo laseroptic treatment system

- **C1089** Supply of radioharmaceutical diagnostic imaging agent, cyanocobalamin co 57, 0.5 mci, capsule

- **C1090** Supply of radiopharmaceutical diagnostic imaging agent, indium in 111 chloride, per mci

- **C1091** Supply of radiopharmaceutical diagnostic imaging agent, indium in 111 oxyquinoline, per 5mci

- **C1092** Supply of radiopharmaceutical diagnostic imaging agent, indium in 111 pentetate disodium, per 1.5 mci

- **C1094** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m Albumin aggregated, per vial
- **C1095** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m depreotide, per vial
- **C1096** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m exametazime, per dose
- **C1097** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m mebrofenin, per vial
- **C1098** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m pentetate, per vial
- **C1099** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m pyrophosphate, per vial
- **C1100** Guide wire, percutaneous transluminal coronary angioplasty, medtronic ave gt1 guide wire, medtronic ave gt2 fusion guide wire
- **C1101** Catheter, percutaneous transluminal coronary angiplasty guide, medtronic ave 5f, 6f, 7f, 8f, 9f zuma guide catheter, medtronic ave z2 5f, 6f, 7f, 8f, 9f zuma guide catheter note: only the medtronic ave z2 zuma guide catheters are effective october 1, 2000. The medtronic ave zuma guide catheters were effective august 1, 2000.
- **C1102** Generator, pulse, neurostimulator, medtronic synergy neurostimulator generator And extension
- **C1103** Defibrillator, implantable, micro jewel, micro jewel II
- **C1104** Catheter, ablation, rf conductr mc 4mm, rf conductr mc 5mm (models 6042, 7544) note: rf conductr mc 5mm is effective January 1, 2001. rf conductr mc 4mm was effective August 1, 2000.
- **C1105** Pacemaker, dual chamber, sigma 300 vdd
- **C1106** Neurostimulator, patient programmer, synergy ez patient programmer
- **C1107** Catheter, diagnostic, electrophysiology, torqr, soloist

- **C1109** Anchor, implantable, mitek gii anchor, mitek knotless, mitek tacit, mitek rotator cuff, mitek gls, mitek mini, mitek fastin, mitek super, mitek panalok, mitek micro, mitek panalok rc, mitek fastin rc, innovasive roc ez, innovasive miniroc, innovasive bioroc, innovasive roc xs, innovasive contack
- **C1110** Catheter, diagnostic, electrophysiology, stable mapper
- **C1111** Stent graft system, aneurx aorto-uni-iliac-stent graft system
- **C1112** Stent graft system, aneurx stent graft system
- **C1113** Stent graft system, talent endoluminal spring stent graft system
- **C1114** Stent graft system, talent spring stent graft system
- **C1115** Lead, pacemaker, 5038s, 5038, 5038l
- **C1116** Lead, pacemaker, capsure sp novus, capsure sp, capsure, excellence +, s+, ps+, Capsure z novus, capsure z, impulse
- **C1117** Endograft system, ancure endograft delivery system
- **C1118** Pacemaker, dual chamber, sigma 300 dr, legacy ii dr
- **C1119** Lead, defibrillator, sprint 6932, sprint 6943
- **C1120** Lead, defibrillator, sprint 6942, sprint 6945
- **C1121** Defibrillator, implantable, gem
- **C1122** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m Arcitumomab, per vial
- **C1123** Defibrillator, implantable, gem ii vr
- **C1124** Lead, neurostimulator, kit, interstim test stimulation lead kit
- **C1125** Pacemaker, single chamber, kappa 400 sr, topaz ii sr
- **C1126** Pacemaker, dual chamber, kappa 700 dr (all models)
- **C1127** Pacemaker, single chamber, kappa 700 sr

- **C1128** Pacemaker, dual chamber, kappa 700 d, ruby ii d
- **C1129** Pacemaker, kappa 700 vdd
- **C1130** Pacemaker, dual chamber, sigma 200 d, legacy ii d
- **C1131** Pacemaker, dual chamber, sigma 200 dr
- **C1132** Pacemaker, single chamber, sigma 200 sr, legacy ii sr
- **C1133** Pacemaker, single chamber, sigma 300 sr, vita sr
- **C1134** Pacemaker, dual chamber, sigma 300 d
- **C1135** Pacemaker, dual chamber, rate-responsive, entity dr 5326l, entity dr 5326r, entity dr 5326 note: only the entity dr 5326 is effective January 1, 2001. Entity dr 5326l and 5326r were effective August 1, 2000.
- **C1136** Pacemaker, dual chamber, rate-responsive, affinity dr 5330l, affinity dr 5330r, Affinity dr 5330 note: only the affinity dr 5330 is effective January 1, 2001. Affinity dr 5330l and 5330r were effective August 1, 2000.
- **C1137** Septal defect implant system, cardioseal septal occlusion system, cardioseal occluder delivery catheter
- **C1143** Pacemaker, dual chamber, addvent 2060bl
- **C1144** Pacemaker, single chamber, rate-responsive, affinity sr 5130, affinity sr 5130l, affinity sr 5130r, integrity sr 5142 note: only the affinity sr 5130 is effective January 1, 2001. Affinity sr 5130l, affinity sr 5130r, and integrity sr 5142 were effective August 1, 2000.
- **C1145** Vascular closure device, angio-seal 6 french vascular closure device 610091, Angio-seal 8 french vascular closure device 610089, 610097 note: model 610097 is effective January 1, 2001. Models 610091 and 610089 were effective August 1, 2000.
- **C1146** Endotracheal tube, vett tracheobronchial tube
- **C1147** Lead, pacemaker, av plus dx 1368/52, av plus dx 1368/58, av plus dx 1368/65 note: the av plus dx 1368/65 is effective January 1, 2001. models 1368/52 and 1368/58 were effective August 1, 2000.

- **C1148** Defibrillator, single chamber, implantable, contour md v-175, contour md v-175a, contour md v-175ac, contour md v-175b, contour md v-175c, contour md v-175d

- **C1149** Pacemaker, dual chamber, non-rate responsive, entity dc 5226r, entity dc 5226 note: model 5226 is effective January 1, 2001. Model 5226r was effective August 1, 2000.

- **C1151** Lead, pacemaker, passive plus dx 1343k/46, passive plus dx 1343k/52, passive plus dx 1345k/52, passive plus dx 1345k/58, passive plus dx 1336t/52, passive plus dx 1336t/58, passive plus dx 1342t/46, passive plus dx 1342t/52, passive plus dx 1346t/52, passive plus dx 1346t/58

- **C1152** Access system, dialysis, lifesite access system

- **C1153** Pacemaker, single chamber, regency sc+ 2402l

- **C1154** Lead, defibrillator, spl sp01, sp02, spl 04

- **C1155** Repliform tissue regeneration matrix, per 8 square centimeters

- **C1156** Pacemaker, single chamber, affinity sr 5131m/s, tempo vr 1102, trilogy sr+ 2260l, trilogy sr+ 2264l

- **C1157** Pacemaker, dual chamber, trilogy dc+2318l

- **C1158** Lead, defibrillator, tvl sv01, tvl sv02, tvl sv04

- **C1159** Lead, defibrillator, tvl rv02, tvl rv06, tvl rv07

- **C1160** Lead, defibrillator, tvl-adx 1559/65

- **C1161** Lead, pacemaker, tendril dx 1388k/46, tendril dx 1388k/52, tendril dx 1388k/58, tendril dx 1388t/46, tendril dx 1388t/52, tendril dx 1388t/58, tendril dx 1388t/85, tendril dx 1388t/100, tendril dx 1388tc/46, tendril dx 1388tc/52, tendril dx 1388t/58

- **C1162** Pacemaker, dual-chamber, affinity dr 5331 m/s, tempo dr 2102, trilogy dr+ 2360l, trilogy dr+ 2364l

- **C1163** Lead, pacemaker, tendril sdx 1488t/46, tendril sdx 1488t/52, tendril sdx 1488t/58, tendril sdx 1488tc/46, tendril sdx 1488tc/52, tendril sdx 1488tc/58

- **C1164** Brachytherapy seed, i-125 seed
- **C1166** Injection, cytarabine liposome, 10 mg, depocyt/liposomal cytarabine
- **C1167** Injection, epirubicin hydrochloride, 2 mg
- **C1170** Biopsy device, breast, abbi device
- **C1171** Site marker devie, disposable, auto suture site marker device
- **C1172** Balloon, tissue dissector, spacemaker tissue dissection balloon, spacemaker 1000cc hernia balloon dissector note: the hernia balloon dissector is effective January 1, 2001. The spacemaker tissue dissection balloon is effective August 1, 2000.
- **C1173** Stent, coronary, s540 over-the-wire coronary stent system, s670 with discrete technology over-the-wire coronary stent system, s670 with discrete technology rapid exchange coronary stent system
- **C1174** Needle, brachytherapy, bard brachystar brachytherapy needle
- **C1175** Biopsy device, mibb device
- **C1176** Biopsy device, mammotome hh hand-held probe with smartvac vacuum system
- **C1177** Biopsy device, 11-gauge mammotome probe with vacuum cannister
- **C1178** Injection, busulfan (busulfex iv) per 6 mg
- **C1179** Biopsy device, 14-gauge mammotome probe with vacuum cannister
- **C1180** Pacemaker, single chamber, vigor sr
- **C1181** Pacemaker, single chamber, meridian ssi
- **C1182** Pacemaker, single chamber, pulsar ssi
- **C1183** Pacemaker, single chamber, jade ii s, sigma 300 s

- **C1184** Pacemaker, single chamber, sigma 200 s
- **C1188** Sodium iodide i-131, per uci
- **C1200** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m sodium glucoheptonate, per vial
- **C1201** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m succimer, per vial
- **C1202** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m sulfur colloid, per dose
- **C1203** Injection, visudyne (verteporfin)
- **C1205** Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m disofenin, per vial
- **C1207** Octreotide acetate, 1 mg
- **C1300** Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
- **C1302** Lead, defibrillator, tvl sq01
- **C1303** Lead, defibrillator, capsure fix 6940, capsure fix 4068-110
- **C1304** Catheter, imaging, sonicath ultra model 37-416 ultrasound imaging catheter, sonicath ultra model 37-418 ultrasound imaging catheter
- **C1305** Apligraf, per 44 square centimeters
- **C1306** Lead, neurostimulator, cyberonics neurocybernetic prosthesis lead
- **C1311** Pacemaker, dual chamber, trilogy dr+/dao
- **C1312** Stent, coronary, magic wallstent mini coronary self expanding stent with delivery system
- **C1313** Stent, coronary, magic wallstent medium coronary self expanding stent with delivery system, radius 31mm self expanding stnet with over the wire delivery system
- **C1314** Stent, coronary, magic wallstent long coronary self expanding stent with delivery system

- **C1315** Pacemaker, dual chamber, vigor dr, meridian dr
- **C1316** Pacemaker, dual chamber, meridian ddd
- **C1317** Pacemaker, single chamber, discovery sr
- **C1318** Pacemaker, single chamber, meridian sr
- **C1319** Stent, enteral, wallstent enteral endoprosthesis and unistep delivery system (60mm in length), enteral wallstent endoprosthesis and unistep plus delivery system/single-use colonic and duodenal endoprosthesis with unistep plus delivery system (60mm in length) note: only the enteral walsltent endoprosthesis and unistep plus delivery system is effective October 1, 2000. the wallstent enteral endoprosthesis and unistep delivery system was effective August 1, 2000.
- **C1320** Stent, iliac, wallstent iliac endoprosthesis with unistep plus delivery system, wallstent rp iliac endoprosthesis with unistep plus delivery system note: only the wallstent rp iliac endoprosthesis with unistep plus delivery system is effective October 1, 2000. The wallstent iliac endoprosthesis with unistep plus delivery system was effective August 1, 2000.
- **C1321** Electrode, disposable, palate somnoplasty coagulating electrode, base of tongue somnoplasty coagulating electrode
- **C1322** Electrode, disposable, turbinate somnoplasty coagulating electrode
- **C1323** Electrode, disposable, vapr electrode, vapr t thermal electrode
- **C1324** Electrode, disposable, ligasure disposable electrode
- **C1325** Brachytherapy seed, palladium-103 seed
- **C1326** Catheter, thrombectomy, angiojet rheolytic thrombectomy catheter
- **C1328** External transmitter, neurostimulation system, ans renew spinal cord stimulator system
- **C1329** Electrode, disposable, gynecare versapoint resectoscopic system bipolar electrode

● **C1333** Stent, biliary, palmaz corinthian transhepatic biliary stent and delivery system

● **C1334** Stent, coronary, palmaz-schatz crown stent, mini-crown stent, crossflex lc stent

● **C1335** Mesh, hernia, prolene polypropylene hernia system

● **C1336** Infusion pump, implantable, non-programmable, constant flow implantable pump with bolus safety valve model 3000, model 3000-16 (16ml), model 3000-50 (50ml) note: constant flow implantable pump model 3000 was effective August 1, 2000. Models 3000-16 and 3000-50 are effective october 1, 2000

● **C1337** Infusion pump, implantable, non-programmable, isomed infusion pump model 8472-20, 8472-35, 8472-60

● **C1348** Sodium iodide i-131, per mci

● **C1350** Brachytherapy, per souce, prostaseed i-125

● **C1351** Lead, pacemaker, capsurefix, surefix, pirouet +, s+

● **C1352** Defibrillator, dual chamber, implantable, gem ii dr

● **C1353** Neurostimulator, implantable, itrel ii/soletra implantable neurostimulator and extension, itrel iii implantable neurostimulator and extension, interstim neurostimulator (implantable) and extension

● **C1354** Pacemaker, dual chamber, kappa 400 dr, diamond ii 820 dr

● **C1355** Pacemaker, dual chamber, kappa 600 dr, vita dr

● **C1356** Defibrillator, single chamber, implantable, profile md v-186hv3

● **C1357** Defibrillator, single chamber, implantable, angstrom md v-190hv3

● **C1358** Pacemaker, dual chamber, non-rate responsive, affinity dc 5230r, affinity dc 5230 note: model 5230 is effective January 1, 2001. Model 5230r was effective August 1, 2000.

● **C1359** Pacemaker, dual chamber, pulsar dr, pulsar max dr

- **C1360** Ocular photodynamic therapy
- **C1361** Recorder, cardiac event, implantable, reveal, reveal plus
- **C1362** Stent, biliary, rx herculink 14 biliary stent, otw megalink sds biliary stent
- **C1363** Defibrillator, implantable, dual chamber, gem dr
- **C1364** Defibrillator, dual chamber, photon dr v-230hv3
- **C1365** Guide wire, peripheral, hi-torque spartacore 14 guide wire, hi-torque memcore firm 14 guide wire, hi-torque steelcore 18 guide wire, hi-torque steelcore 18 lt guide wire, hi-torque supra core 35 guide wire note: only the hi-torque steelcore 18 lt guide wire is effective october 1, 2000. The other guide wires were effective August 1, 2000.
- **C1366** Guide wire, percutaneous transluminal coronary angioplasty, hi-torque iron man, hi-torque balance middleweight, hi-torque all star, hi-torque balance heavyweight, hi-torque balance trek
- **C1367** Guide wire, percutaneous transluminal coronary angioplasty, hi-torque cross it, hi-torque cross-it 100xt, hi-torque cross-it 200xt, hi-torque cross-it 300xt, hi-torque wiggle
- **C1368** Infusion system, on-q pain management system, on-q soaker pain management system, and painbuster pain management system note: the on-q pain management system, on-q soaker pain management system, and painbuster pain management system are effective August 1, 2000.
- **C1369** Internal receiver, neurostimulation system, ans renew spinal cord stimulator system
- **C1370** Single use device for tratment of female stress urinary incontinence, tension-gree vaginal tape single use device
- **C1371** Stent, biliary, symphony nitinol stent transhepatic biliary system, symphony nitinol biliary stent with radiopaque markers
- **C1372** Stent, biliary, smar cordis nitinol stent and delivery system

- **C1375** Stent, coronary, nir on ranger stent delivery system, nir w/sox stent system, nir primo premounted stent system
- **C1376** Lead, neurostimulator, ans renew spinal cord stimulation system lead (with or without extension)
- **C1377** Lead, neurostimulator, specify 3988 lead
- **C1378** Lead, neurostimulator, inerstim therapy 3080 lead, interstim therapy 3886 lead
- **C1379** Lead, neurostimulator, pisces-quad compact 3887 lead
- **C1420** Anchor system, stapletac2 bone anchor system with dermis
- **C1421** Anchor system, stapletac2 bone anchor system without dermis
- **C1450** Orthosphere spherical interpositional arthroplasty
- **C1451** Orthosphere spherical interpositional arthroplasty kit
- **C1500** Atherectomy system, peripheral, rotablator rotational angioplasty system with rotalink exchangeable catheter, advancer, and guide wire
- **C1700** Needle, brachytherapy needle, authentic mick tp brachytherapy needle
- **C1701** Needle, brachytherapy, Medtec MT-BT-5201-25 brachytherapy needle
- **C1702** Needle, brachytherapy, WWMT brachytherapy needle
- **C1703** Needle, brachytherapy, mentor prostate brachytherapy needle
- **C1704** Needle, brachytherapy, Medtec MT-BT-5001-25, MT-BT-5051-25
- **C1705** Needle, brachytherapy, best industries flexi needle brachytherapy seed implantation (13g, 14g, 15g, 16g, 17g, 18g), best industries prostate brachytherapy needle
- **C1706** Needle, brachytherapy, indigo prostate seeding needle

- **C1707** Needle, brachytherapy, varisource interstitial implant needle
- **C1708** Needle, brachytherapy, uromed prostate seeding needle
- **C1709** Needle, brachytherapy, remington medical brachytherapy needle
- **C1710** Needle, brachytherapy, us biopsy prostate seeding needle
- **C1711** Needle, brachytherapy, md tech p.s.s. prostate seeding set (needle)
- **C1712** Needle, brachytherapy, imagyn medical technologies isostar prostate brachytherapy needle
- **C1790** Brachytherapy seed, nucletron iridium 192 hdr
- **C1791** Bracytherapy seed, nycomed amersham I-125 (oncoseed, rapid strand)
- **C1792** Brachytherapy seed, uromed symmetra I-125
- **C1793** Brachytherapy seed, bard intersource 103 palladium seed 1031l, 1031c
- **C1794** Brachytherapy seed, bard isoseed 103 palladium seed pd3s111l, pd3s111p
- **C1795** Brachytherapy seed, bard brachysource 125 iodine seed 1251l, 1251c
- **C1796** Brachytherapy seed, source tech medical I-125 seed model stm 1251
- **C1797** Brachytherapy seed, draximage i-125 seed model ls-1
- **C1798** Brachytherapy seed, syncor i-125 pharmaseed model bt-125-1
- **C1799** Brachytherapy seed, i-plant iodine 125 model 3500
- **C1800** Brachytherapy seed, mentor pdgold pd-103
- **C1801** Brachytherapy seed, mentor iogold I-125
- **C1802** Brachytherapy seed, best industries iridium 192

- **C1803** Brachytherapy seed, best industries iodine 125
- **C1804** Brachytherapy seed, best industries palladium 103
- **C1805** Brachytherapy seed, imagyn isostar iodine-125 interstitial brachytherapy seed
- **C1806** Brachytherapy seed, best industries gold 198
- **C1810** Catheter, balloon dilatation, d114s over-the-wire balloon dilatation catheter
- **C1811** Anchor, surgical dynamics anchorsew, surgical dynamics s.d. sorb ez tac, surgical dynamics s.d. sorb suture anchor 2.0mm, surgical dynamics s.d. sorb suture anchor 3.0mm
- **C1812** Anchor, obl 2.0mm mini tac achor, obl 2.8mm hs anchor, obl 2.8mm s anchor, obl 3.5mm ti anchor, obl rc5 anchor, obl prc5 anchor
- **C1850** Repliform tissue regeneration matrix, per 24 or 28 square centimeters
- **C1851** Repliform tissue regeneration matrix, per 24 or 28 square centimeters
- **C1852** Transcyte, per 247 square centimeters
- **C1853** Suspend tutoplast processed fascia lata, per 8 or 14 square centimeters
- **C1854** Suspend tutoplast processed fascia lata, per 24 or 28 square centimeters
- **C1855** Suspend tutoplast processed fascia lata, per 36 square centimeters
- **C1856** Suspend tutoplast processed fascia lata, per 48 square centimeters
- **C1857** Suspend tutoplast processed fascia lata, per 84 square centimeters
- **C1858** Duraderm acellular allograft, per 8 or 14 square centimeters

- **C1859** Duraderm acellular allograft, per 21, 24, or 28 square centimeters
- **C1860** Duraderm acellular allograft, per 48 square centimeters
- **C1861** Duraderm acellular allograft, per 36 square centimeters
- **C1862** Duraderm acellular allograft, per 72 square centimeters
- **C1863** Duraderm acellular allograft, per 84 square centimeters
- **C1864** Bard sperma tex mesh, per 13.44 square centimeters
- **C1865** Bard faslata allograft tissue, per 8 or 14 square centimeters
- **C1866** Bard faslata allograft tissue, per 24 or 28 square centimeters
- **C1867** Bard faslata allograft tissue, per 36 or 48 square centimeters
- **C1868** Bard faslata allograft tissue, per 96 square centimeters
- **C1869** Gore thyroplasty device, per 8, 12, 30, or 37.5 square centimeters (0.6mm)
- **C1870** Dermmatrix surgical mesh, per 16 square centimeters
- **C1871** Dermmatrix surgical mesh, per 32 or 64 square centimeters
- **C1872** Dermagraft, per 37.5 square centimeters
- **C1873** Bard 3dmax mesh, medium or large size
- **C1929** Catheter, maverick monorail ptca catheter, maverick over-the-wire ptca catheter
- **C1930** Catheter, percutaneous transluminal coronary angioplasty, coyote dilatation Catheter 20mm/30mm/40mm
- **C1931** Catheter, talon balloon dilatation catheter
- **C1932** Catheter, scimed remedy coronary balloon dilatation infusion catheter (20mm)

- **C1933** Catheter, opti-plast centurion 5.5f pta catheter, shaft length 50 cm to 120 cm, opti-plast xl 5.5f pta catheter, shaft length 75 cm to 120 cm
- **C1934** Catheter, ultraverse 3.5f balloon dilatation catheter
- **C1935** Catheter, workhorse pta balloon catheter
- **C1936** Catheter, uromax ultra high pressure balloon dilatation catheter with hydroplus Coating
- **C1937** Catheter, synergy balloon dilatation catheter, explorer st 6f
- **C1938** Catheter, bard uroforce balloon dilatation catheter
- **C1939** Catheter, ninja ptca dilatation catheter, raptor ptca dilatation catheter, nc raptor ptca dilatation catheter, charger ptca dilatation catheter, titan ptca dilatation catheter, titan mega ptca dilatation catheter note: only the nc raptor, charger, titan, and titan mega ptca dilatation catheters are effective January 1, 2001. The ninja and raptor ptca dilatation catheters were effective October 1, 2000.
- **C1940** Catheter, cordis powerflex extreme pta balloon catheter, cordis powerflex plus pta balloon catheter, cordis opta lp pta balloon catheter, cordis opta 5 pta balloon catheter
- **C1941** Catheter, jupiter pta balloon dilatation catheter
- **C1942** Catheter, cordis maxi ld pta balloon catheter
- **C1943** Catheter, rx crosssail coronary dilatation catheter, otw opensail coronary dilatation catheter
- **C1944** Catheter, rapid exchange single-use biliary balloon dilatation catheter
- **C1945** Catheter, cordis savvy pta dilatation catheter
- **C1946** Catheter, r1s rapid exchange pre-dilatation balloon catheter
- **C1947** Catheter, gazelle balloon dilatation catheter
- **C1948** Catheter, pursuit balloon angioplasty catheter

- **C1949** Catheter, endosonics oracle megasonics five-64 f/x ptca catheter

- **C1979** Catheter, endosonics visions pv 8.2f intravascular ultrasound imaging catheter, endosonics avanar f/x intravascular ultrasound imaging catheter

- **C1980** Catheter, atlantis sr coronary imaging catheter

- **C1981** Catheter ,coronary angioplasty balloon, adante, bonnie, bonnie 15mm,bonnie monorail 30mm or 40mm, bonnie sliding rail, bypass speedy, chubby, chubby sliding rail, coyote 20mm, coyote 9/15/25mm, long ranger 30mm or 40mm, maxxum, nc ranger, nc ranger 9mm, nc ranger 16/18mm, nc ranger 22/25/30mm, nc big ranger, ranger 20mm, quantum ranger, quantum ranger 1/4 sizes, quantum ranger 9/16/18mm, quantum ranger 22/30mm, quantum ranger 25mm, ranger lp 20/30/40, viva/long viva note: only the bonnie monorail 30mm or 40mm, long ranger 30mm or 40mm, and ranger 20mm are effective January 1, 2001. The other catheters were effective August 1, 2000.

- **C2000** Catheter, orbiter st steerable electrode catheter

- **C2001** Catheter, constellation diagnostic catheter

- **C2002** Catheter, irvine inquiry steerable electrophysiology 5f catheter

- **C2003** Catheter, irvine inquiry steerable electrophysiology 6f catheter

- **C2004** Catheter, electrophysiology, ep deflectable tip catheter (octapolar small Anatomy models only)

- **C2005** Catheter, electrophysiology, ep deflectable tip catheter (hexapolar small Anatomy models only)

- **C2006** Catheter, electrophysiology, ep deflectable tip catheter (decapolar small Anatomy models only)

- **C2007** Catheter, electrophysiology, irvine luma-cath 6f fixed curve electrophysiology Catheter

- **C2008** Catheter, electrophysiology, irvine luma-cath 7f steerable electrophysiology Catheter model 81910, model 81912, model 81915

- **C2009** Catheter, electrophysiology, irvine luma-cath 7f steerable electrophysiology Catheter model 81920
- **C2010** Catheter, electrophysiology, cordis fixed curve catheter (decapolar, hexapolar, octapolar, quadrapolar)
- **C2011** Catheter, electrophysiology, deflectable tip catheter (quadrapolar small Anatomy models only)
- **C2012** Catheter, ablation, biosense webster celsius braided tip ablation catheter, biosense webster celsius 5mm temperature ablation catheter, biosense webster Celsius temperature sensing diagnostic/ablation tip catheter, biosense webster Celsius long reach ablation catheter note: only the celsius long reach ablaiton Catheter is effective January 1, 2001. the other ablation catheters were effective October 1, 2000.
- **C2013** Catheter, ablation, biosense webster celsius large dome ablation catheter
- **C2014** Catheter, ablation, biosense webster celsius ii asymmetrical ablation catheter
- **C2015** Catheter, ablation, biosense webster celsius ii symmetrical ablation catheter
- **C2016** Catheter, ablation, navi-star ds diagnostic/ablation catheter, navi-star thermo-cool temperature diagnostic/ablation catheter
- **C2017** Catheter, ablation, navi-star diagnostic/ablation deflectable tip catheter
- **C2018** Catheter, ablation, polaris t ablation catheter
- **C2019** Catheter, ep medsystems deflectable electrophysiology catheter
- **C2020** Catheter, ablation, blazer ii xp, blazer ii 6f, blazer ii high torque
- **C2021** Catheter, ep medsystems silverflex electrophysiology catheter, non-deflectable
- **C2022** Catheter, ablation, cardiac pathways chilli cooled ablation catheter models 41422, 41442, 45422, 45442, 43422, 43442

- **C2023** Catheter, ablation, cardiac pathways chilli cooled ablation catheter, standard Curve 3005 or large curve 3006
- **C2100** Catheter, electrophysiology, cardiac pathways cs reference catheter
- **C2101** Catheter, electrophysiology, cardiac pathways rv reference catheter
- **C2102** Catheter, electrophysiology, cardiac pathways 7f radii catheter
- **C2103** Catheter, electrophysiology, cardiac pathways 7f radii catheter with tracking
- **C2104** Catheter, electrophysiology, lasso deflectable circular tip mapping catheter
- **C2151** Catheter, veripath peripheral guiding catheter
- **C2152** Catheter, cordis 5f, 6f, 7f, 8f, 9f, 10f vista brite tip guiding catheter
- **C2153** Catheter, electrophysiology, bard viking fixed curve catheter (bipolar, quadrapolar, and asp models only)
- **C2200** Catheter, arrow-trerotola percutaneous thrombolytic device catheter
- **C2300** Catheter, varisource standard catheter
- **C2597** Catheter, clinicath peripherally inserted midline catheter (picc) dual-lumen polyflow polyurethane catheter 18g/20g/24g (includes catheter and introducer), Clinicath peripherally inserted central catheter (picc) dual-lumen polyflow polyurethane 16g/18g (includes catheter and introducer), clinicath peripherally inserted central catheter (picc) single-lumen polyflow polyurethane 18g (includes catheter and introducer)
- **C2598** Catheter, clinicath peripherally inserted central catheter (picc) single-lumen polyflow polyurethane catheter 18g/20g/24g (catheter and introducer), clinicath peripherally inserted midline catheter (picc) single-lumen polyflow polyurethane catheter 20g/24g (catheter and introducer)

- **C2599** Catheter, clinicath peripherally inserted central catheter (picc) dual-lumen polyflow polyurethane catheter 16g/18g (catheter and introducer)
- **C2600** Catheter, gold probe single-use electrohemostasis catheter
- **C2601** Catheter, bard 10f dual lumen ureteral catheter
- **C2602** Catheter, spectranetics 1.4/1.7mm vitesse cos concentric laser catheter
- **C2603** Catheter, spectranetics 2.0mm vitesse cos concentric laser catheter
- **C2604** Catheter, spectranetics 2.0mm vitesse e eccentric laser catheter
- **C2605** Catheter, spectranetics extreme laser catheter
- **C2606** Catheter, oratec spinecath xl intradiscal catheter
- **C2607** Catheter, oratec spinecath intradiscal catheter
- **C2608** Catheter, scimed 6f wiseguide guide catheter
- **C2609** Catheter, flexima biliary drainage catheter with locking pigtail, flexima biliary drainage catheter with twist loc hub, flexima bilary drainage catheters with temp tip
- **C2610** Catheter, arrow flex tip plus intraspinal catheter kit
- **C2611** Catheter, medtronic ps medical algoline intraspinal catheter system/kit 81102, 81192
- **C2612** Catheter, indura intraspinal catheter
- **C2676** Catheter, response cv catheter
- **C2700** Defibrillator, single chamber, implantable, mycrophylax plus
- **C2701** Defibrillator, single chamber, implantable, phylax xm
- **C2702** Defibrillator, single chamber, implantable, ventak prizm 2 vr 1860

- **C2703** Defibrillator, single chamber, implantable, ventak prizm vr he 1857, 1858
- **C2704** Defibrillator, single chamber, implantable, ventak mini iv+ 1793, 1796
- **C2801** Defibrillator, dual chamber, implantable, ela medical defender iv dr model 612
- **C2802** Defibrillator, dual chamber, implantable, phylax av
- **C2803** Defibrillator, dual chamber, implantable, ventak prizm dr he 1852, 1853
- **C2804** Defibrillator, dual chamber, implantable, ventak prizm 2 dr 1861
- **C2805** Defibrillator, dual chamber, implantable, jewel af 7250
- **C2806** Defibrillator, implantable, gem vr 7227
- **C2807** Defibrillator, implantable, contak cd 1823
- **C2808** Defibrillator, implantable, contak tr 1241
- **C3001** Lead, defibrillator, implantable, kainox sl, kainox rv
- **C3002** Lead, defibrillator, implantable, easytrak 4510, 4511, 4512, 4513
- **C3003** Lead, defibrillator, implantable, endotak sq array xp 0085
- **C3004** Lead, defibrillator, implantable, intervene 497-23, 497-24
- **C3400** Prosthesis, breast, mentor saline-filled contour profile, mentor siltex spectrum mammary prosthesis
- **C3401** Prosthesis, breast, mentor saline-filled spectrum
- **C3500** Prosthesis, mentor alpha I inflatable penile prosthesis, mentor alpha i narrow-base inflatable penile prosthesis note: the mentor alpha I narrow-base inflatable penile prosthesis is effective October 1, 2000. The mentor alpha i inflatable penile prosthesis was effective August 1, 2000.
- **C3510** Prosthesis, ams sphincter 800 urinary prosthesis

- **C3551** Guide wire, percutaneous transluminal coronary angioplasty, choice, luge, patriot, pt graphix intermediate, trooper, mailman 182/300 cm
- **C3552** Guide wire, coronary, hi-torque whisper
- **C3553** Guide wire, cordis stabilizer marker wire steerable guidewire, cordis wizdom marker wire steerable guidewire, cordis atw marker wire steerale guidewire, Cordis shinobi steerable guidewire
- **C3554** Guide wire, jindo tapered peripheral guidewire
- **C3555** Guide wire, wholey hi-torque plus guide wire system, 145cm, 190cm, 300cm
- **C3556** Guide wire, endosonics cardiometrics wavewire pressure guide wire, Cardiometrics flowire doppler guide wire
- **C3557** Guidewire, hytek guidewire
- **C3800** Infusion pump, implantable, programmable, synchromed el infusion pump
- **C3801** Infusion pump, arrow/microject pca system
- **C3851** Intraocular lens, staar elastic ultraviolet-absorbing silicone posterior Chamber intraocular lens with toric optic model aa-4203t, model aa-4203tf, model aa-4203tl
- **C4000** Pacemaker, single chamber, ela medical opus g model 4621, 4624
- **C4001** Pacemaker, single chamber, ela medical opus s model 4121, 4124
- **C4002** Pacemaker, single chamber, ela medical talent model 113
- **C4003** Pacemaker, single chamber, kairos sr
- **C4004** Pacemaker, single chamber, actros sr+, actros sr-b+
- **C4005** Pacemaker, single chamber, philos sr, philos sr-b
- **C4006** Pacemaker, single chamber, pulsar max ii sr 1180, 1181

- **C4007** Pacemaker, single chamber, marathon sr 291-09, 292-09r, 292-09x
- **C4008** Pacemaker, single chamber, discovery ii ssi 481
- **C4009** Pacemaker, single chamber, discovery ii sr 1184, 1185, 1186, 1187
- **C4300** Pacemaker, dual chamber, integrity afx dr model 5342
- **C4301** Pacemaker, dual chamber, integrity afx dr model 5346
- **C4302** Pacemaker, dual chamber, affinity vdr 5430
- **C4303** Pacemaker, dual chamber, ela brio model 112 pacemaker system
- **C4304** Pacemaker, dual chamber, ela medical brio model 212, talent model 213, talent model 223
- **C4305** Pacemaker, dual chamber, ela medical brio model 222
- **C4306** Pacemaker, dual chamber, ela medical brio model 220
- **C4307** Pacemaker, dual chamber, kairos dr
- **C4308** Pacemaker, dual chamber, inos 2, inos 2+
- **C4309** Pacemaker, dual chamber, actros dr+, actros d+, actros dr-a+, actros slr+
- **C4310** Pacemaker, dual chamber, actros dr-b+
- **C4311** Pacemaker, dual chamber, philos dr, philos dr-b, philos slr
- **C4312** Pacemaker, dual chamber, pulsar max ii dr 1280
- **C4313** Pacemaker, dual chamber, marathon dr 293-09, 294-09, 294-09r, 294-10
- **C4314** Pacemaker, dual chamber, momentum dr 294-23
- **C4315** Pacemaker, dual chamber, selection afm 902 slc 902c
- **C4316** Pacemaker, dual chamber, discovery ii dr 1283, 1284, 1285, 1286

- **C4317** Pacemaker, dual chamber, discovery ii ddd 981
- **C4600** Lead, pacemaker, synox, polyrox, elox, retrox, sl-bp, elc
- **C4601** Lead, pacemaker, aescula lv 1055k
- **C4602** Lead, pacemaker, tendril sdx 1488k/46, tendril sdx 1488k/52, tendril sdx 1488k/58
- **C4603** Lead, pacemaker, oscor/flexion 4015, 4016, 4017, 4018
- **C4604** Lead, pacemaker, crystalline actfix icd-09, capsurefix novus 5076
- **C4605** Lead, pacemaker, capsure epi 4968
- **C4606** Lead, pacemaker, flextend 4080, 4081, 4082
- **C4607** Lead, pacemaker, fineline ii 4452, 4453, 4454, 4455, 4477, 4478, fineline ii ez 4463, 4464, 4465, 4466, 4467, 4468, thinline ii 430-25, 430-35, 432-35, thinline ii ez 438-25, 438-35
- **C5000** Stent, biliary, bx velocity with hepacoat on raptor stent system (28 or 33mm in length)
- **C5001** Stent, biliary, bard memotherm-flex biliary stent, small/medium diameter
- **C5002** Stent, biliary, bard memotherm-flex biliary stent, large diameter
- **C5003** Stent, biliary, bard memotherm-flex biliary stent, x-large diameter
- **C5004** Stent, biliary, cordis palmaz corinthian iq transhepatic biliary stent
- **C5005** Stent, biliary, cordis palmaz corinthian iq transhepatic biliary stent and delivery system
- **C5006** Stent, biliary, cordis medium palmaz transhepatic biliary stent and delivery system
- **C5007** Stent, biliary, cordis palmaz xl transhepatic biliary stent (40mm length)

- **C5008** Stent, biliary, cordis palmaz xl transhepatic biliary stent (50mm length)
- **C5009** Stent, biliary, biliary vistaflex stent
- **C5010** Stent, biliary, rapid exchange single-use biliary stent system
- **C5011** Stent, biliary, intrastent, intrastent lp
- **C5012** Stent, biliary, intrastent doublestrut ld
- **C5013** Stent, biliary, intrastent doublestrut, intrastent doublestrut xs
- **C5014** Stent, biliary, medtronic ave bridge stent system--biliary indication (10mm, 17mm, 28mm)
- **C5015** Stent, biliary, medtronic ave bridge stent system--biliary indication (40-60mm, 80-100mm), medtronic ave bridge x3 biliary stent system (17mm)
- **C5016** Stent, biliary, wallstent single-use covered biliary endoprosthesis with unistep plus delivery system
- **C5017** Stent, biliary, wallstent rp biliary endoprosthesis with unistep plus delivery system (20/40/42/60/68 mm in length)
- **C5018** Stent, biliary, wallstent rp biliary endoprosthesis with unistep plus delivery system (80/94 mm in length)
- **C5019** Stent, biliary, flexima single-use biliary stent system
- **C5020** Stent, biliary, cordis smart nitinol stent transhepatic biliary system (20mm in length)
- **C5021** Stent, biliary, cordis smart nitinol stent transhepatic biliary system (40 or 60mm in length)
- **C5022** Stent, biliary, cordis smart nitinol stent transhepatic biliary system (80mm in length)
- **C5023** Stent, biliary, bx velocity transhepatic biliary stent and delivery system (8 or 13mm in length)

- **C5024** Stent, biliary, bx velocity transhepatic biliary stent and delivery system (18mm in length)
- **C5025** Stent, biliary, bx velocity transhepatic biliary stent and delivery system (23mm in length)
- **C5026** Stent, biliary, bx velocity transhepatic biliary stent and delivery system (28 0r 33mm in length)
- **C5027** Stent, biliary, bx velocity with hepacoat on raptor stent system (8 or 13mm in length)
- **C5028** Stent, biliary, bx velocity with hepacoat on raptor stent system (18mm in length)
- **C5029** Stent, biliary, bx velocity with hepacoat on raptor stent system (23mm in length)
- **C5030** Stent, coronary, s660 discrete technology over-the-wire coronary stent system 9mm, 12mm s660 with discrete technology rapid exchange coronary stent system 9mm, 12mm
- **C5031** Stent, coronary, s660 discrete technology over-the-wire coronary stent system 15mm, 18mm s660 with discrete technology rapid exchange coronary stent system 15mm, 18mm
- **C5032** Stent, coronary, s660 discrete technology over-the-wire coronary stent system 24mm, 30mm s660 with discrete technology rapid exchange coronary stent system 24mm, 30mm
- **C5033** Stent, coronary, niroyal advance premounted stent system (9mm)
- **C5034** Stent, coronary, niroyal advance premounted stent system (12mm/15mm)
- **C5035** Stent, coronary, niroyal advance premounted stent system (18mm)
- **C5036** Stent, coronary, niroyal advance premounted stent system (25mm)
- **C5037** Stent, coronary, niroyal advance premounted stent system (31mm)

- **C5038** Stent, coronary, bx velocity balloon-expandable stent with raptor over-the-wire delivery system
- **C5039** Stent, peripheral, intracoil peripheral stent (40mm stent length)
- **C5040** Stent, peripheral, intracoil peripheral stent (60mm stent length)
- **C5041** Stent, coronary, medtronic bestent 2 over-the-wire coronary stent system (24mm, 30mm)
- **C5042** Stent, coronary, medtronic bestent 2 over-the-wire coronary stent system (18mm)
- **C5043** Stent, coronary, medtronic bestent 2 over-the-wire coronary stent (15mm)
- **C5044** Stent, coronary, medtronic bestent 2 over-the-wire coronary stent system (9mm, 12mm)
- **C5045** Stent, coronary, multilink tetra coronary stent system
- **C5046** Stent, coronary, radius 20mm self expanding stent with over the wire delivery system
- **C5047** Stent, coronary, niroyal elite premounted stent system 15mm, 25mm, or 31mm
- **C5048** Stent, coronary, gr ii coronary stent
- **C5130** Stent, colon, wilson-cook colonic z-stent
- **C5131** Stent, colorectal, bard memotherm colorectal stent model s30r060
- **C5132** Stent, colorectal, bard memotherm colorectal stent model s30r080
- **C5133** Stent, colorectal, bard memotherm colorectal stent model s30r100
- **C5134** Stent, enteral, wallstent enteral endoprosthesis and unistep delivery system (90mm in length), enteral wallstent endoprosthesis with unistep plus delivery system (90mm in length) note: only the enteral wallstent

endoprosthesis with unistep plus delivery system is effective October 1, 2000. The wallstent enteral and unistep delivery system was effective August 1, 2000.

- **C5279** Stent, ureteral, boston scientific contour soft percuflex stent with hydroplus Coating (braided), contour soft percuflex stent with hydroplus coating, contour vl variable length percuflex stent with hydroplus coating, percuflex plus stent with hydroplus coating, percuflex stent (braided), contour closed soft percuflex stent with hydroplus coating, contour injection soft percuflex stent with hydroplus coating, soft percuflex stent, percuflex tail plus tapered ureteral stent note: the contour closed soft percuflex stent, conour injection soft percuflex stent, soft percuflex, and percuflex tail plus tapered ureteral stent are effective January 1, 2001. The other ureteral stents were effective October 1, 2000.

- **C5280** Stent, ureteral, bard inlay double pigtail ureteral stent

- **C5281** Stent, tracheobronchial, wallgraft tracheobronchial endoprosthesis with unistep delivery system (70mm in length)

- **C5282** Stent, tracheobronchial, wallgraft tracheobronchial endoprosthesis with unistep delivery system (20mm, 30mm, 50mm in length)

- **C5283** Stent, self-expandable for creation of intrahepatic shunts, wallstent transjugular intrahepatic protosystemic shunt (tips) with unistep plus delivery system (90/94mm in length), wallstent rp tips endoprosthesis with unistep plus delivery system (94mm in length) note: only the wallstent rp tips endoprosthesis with unistep plus delivery system is effective October 1, 2000. the wallstent tips with unistep plust delivery system was effective August 1, 2000.

- **C5284** Stent, tracheobronchial, ultraflex tracheobronchial endoprosthesis (covered and non-covered)

- **C5600** Vascular closure device, vasoseal es (extravascular security) device

- **C5601** Vascular closure device, vascular solutions duett sealing device 1000

- **C6001** Mesh, hernia, bard composix mesh, per 8 or 18 inches

- **C6002** Mesh, hernia, bard composix mesh, per 32 inches
- **C6003** Mesh, hernia, bard composix mesh, per 48 inches
- **C6004** Mesh, hernia, bard composix mesh, per 80 inches
- **C6005** Mesh, hernia, bard composix mesh, per 140 inches
- **C6006** Mesh, hernia, bard composix mesh, per 144 inches
- **C6012** Pelvicol acellular collagen matrix, per 8 or 14 quare centimeters
- **C6013** Pelvicol acellular collagen matrix, per 21, 24, or 28 square centimeters
- **C6014** Pelvicol acellular collagen matrix, per 40 square centimeters
- **C6015** Pelvicol acellular collagen matrix, per 48 square centimeters
- **C6016** Pelvicol acellular collagen matrix, per 96 square centimeters
- **C6017** Gore-tex dualmesh biomaterial, per 75 or 96 square centimeters (1mm thick)
- **C6018** Gore-tex dualmesh biomaterial, per 150 square centimeters oval shaped (1mm thick)
- **C6019** Gore-tex dualmesh biomaterial, per 285 square centimeters oval shaped (1mm thick)
- **C6020** Gore-tex dualmesh biomaterial, per 432 square centimeters (1mm thick)
- **C6021** Gore-tex dualmesh biomaterial, per 600 square centimeters (1mm thick)
- **C6022** Gore-tex dualmesh biomaterial, per 884 square centimeters (1mm thick)
- **C6023** Gore-tex dualmesh plus biomaterial, per 75 or 96 square centimeters (1mm thick)

- **C6024** Gore-tex dualmesh plus biomaterial, per 150 square centimeters oval shaped (1mm thick)
- **C6025** Gore-tex dualmesh plus biomaterial, per 285 square centimeters oval shaped (1mm thick)
- **C6026** Gore-tex dualmesh plus biomaterial, per 432 square centimeters (1mm thick)
- **C6027** Gore-tex dualmeshplus biomaterial, per 600 square centimeters (1mm thick)
- **C6028** Gore-tex dualmesh plus biomaterial, per 884 square centimeters oval shaped (1mm thick)
- **C6029** Gore-tex dualmesh plus biomaterial, per 150 square centimeters oval shaped (2mm thick)
- **C6030** Gore-tex dualmesh plus biomaterial, per 285 square centimeters oval shaped (2mm thick)
- **C6031** Gore-tex dualmesh plus biomaterial, per 432 square centimeters (2mm thick)
- **C6032** Gore-tex dualmesh plus biomaterial, per 600 square centimeters (2mm thick)
- **C6033** Gore-tex dualmesh plus biomaterial, per 884 square centimeters (2mm thick)
- **C6034** Bard reconix eptfe reconstruction patch 150 square centimeters (2mm thick)
- **C6035** Bard reconix eptfe reconstruction patch 150 square centimeters (1mm thick), 75 square centimeters (2mm thick)
- **C6036** Bard reconix eptfe reconstruction patch 50/75 square centimeters (1mm thick), 50 square centimeters (2mm thick)
- **C6037** Bard reconix eptfe reconstruction patch 300 square centimeters (1 mm thick)
- **C6038** Bard reconix eptfe reconstruction patch 600 square centimeters (1mm thick), 300 square centimeters (2mm thick)

- **C6039** Bard reconix eptfe reconstruction patch 884 square centimeters oval shaped (1mm thick)
- **C6040** Bard reconix eptfe reconstruction patch 600 square centimeters (2mm thick)
- **C6041** Bard reconix eptfe reconstruction patch 884 square centimeters oval shaped (2mm thick)
- **C6050** Sling fixation system for treatment of stress urinary incontinence, female in-fast sling fixation system with electric inserter with sling material, female in-fast sling fixation system with electric inserter without sling material
- **C6051** Stratasis urethral sling, 20/40 cm
- **C6052** Stratasis urethral sling, 60 cm
- **C6053** Surgisis soft tissue graft, per 70cm, 105cm, or 140cm
- **C6054** Surgisis enhanced strength soft tissue graft, per 4.2cm, 20cm, 28cm or 40cm
- **C6055** Surgisis enhanced strength soft tissue graft, per 52.5cm, 60cm, or 70cm
- **C6056** Surgisis enhanced strength soft tissue graft, per 105cm, 140cm
- **C6057** Surgisis hernia graft, per 195cm
- **C6058** Sugipro hernia mate plug, medium or large
- **C6080** Sling fixation system for treatment of stress urinary incontinence, male straight-in fixation system with electric inserter with sling material and disposable pressure sensor, male straight-in fixation system with electric inserter without sling material and disposable pressure sensor
- **C6200** Vascular graft, exxcel soft eptfe vascular graft
- **C6201** Vascular graft, impra venaflo vascular graft with carbon, straight graft 10cm or 20cm in length
- **C6202** Vascular graft, impra venaflo vascular graft with carbon, straight graft 30cm or 40cm in length

- **C6203** Vascular graft, impra venaflo vascular graft with carbon, straight graft (50cm in length) or centerflex venaflo stepped graft (45cm in length)
- **C6204** Vascular graft, impra venaflo vascular graft with carbon, stepped graft 20cm, 25cm, 30cm, 35cm, 40cm, or 45cm in length
- **C6205** Vascular graft, impra carboflo vascular graft, straight graft 10cm in length
- **C6206** Vascular graft, impra carboflo vascular graft, straight graft 20cm in length
- **C6207** Vascular graft, impra carboflo vascular graft, straight graft 30cm, 35cm or 40cm in length
- **C6208** Vascular graft, impra carboflo vascular graft, straight graft (50cm in length), Access tapered graft (40cm in length), or stepped graft (45 or 50cm in length)
- **C6209** Vascular graft, impra carboflo vascular graft, centerflex straight graft (40cm or 50cm in length) or centerflex stepped graft (40cm, 45cm, or 50cm in length)
- **C6210** Vascular graft, exxcel eptfe vascular graft, less than 6mm in diameter
- **C6300** Stent graft system, vanguard iii bifurcated endovascular aortic graft
- **C6500** Sheath, guiding, preface braided guiding sheat (anterior curve, multipurpose Curve, posterior curve)
- **C6501** Sheath, soft-tip sheaths
- **C6525** Spectranetics laser sheath 12f 500-001, 14f 500-012, 16f 500-013
- **C6600** Probe, microvasive swiss f/g lithoclast flexible probe .89mm, microvasive swiss f/g lithoclast flexible probe ii .89mm
- **C6650** Introducer, guiding, fast-cath two-piece guiding introducer 406869, 406892, 406893, 406904
- **C6651** Introducer, guiding, seal-away cs guiding introducer 407508, 407510

- **C6652** Introducer, bard safety excalibur introducer
- **C6700** Synthetic absorbable sealant, focal seal-l
- **C8099** Spectranetics lead locking device 518-018, 518-019, 518-020
- **C8100** Adhesion barrier, adcon-l
- **C8102** Surgi-vision esophageal stylet internal coil
- **C8103** Capio suture capturing device, standard or open access
- **C8500** Catheter, atherectomy, atherocath-gto atherectomy catheter
- **C8501** Pacemaker, single chamber, vigor ssi
- **C8502** Catheter, diagnostic, electrophysiology, livewire steerable electrophysiology Catheter
- **C8503** Catheter, synchromed vascular catheter model 8702
- **C8504** Closure device, vasoseal vascular hemostasis device
- **C8505** Infusion pump, implantable, programmable, synchromed infusion pump
- **C8506** Lead, pacemaker, 4057m, 4058m, 4557m, 4558m,5058
- **C8507** Lead, pacemaker,6721l, 6721m, 6721s, 6939 oval patch lead
- **C8508** Lead, defibrillator, capsure 4965
- **C8509** Lead, defibrillator, transvene 6933, transvene 6937
- **C8510** Lead, defibrillator, dp-3238
- **C8511** Lead, defibrillator, endotak dsp
- **C8512** Lead, neurostimulation, on-point model 3987, pisces-quad plus model 3888, resume tl model 3986
- **C8513** Lead, neurostimulation, pisces-quad model 3487a, resume ii model 3587a
- **C8514** Prosthesis, penile, dura II penile prosthesis

- **C8516** Prosthesis, penile, mentor acu-form malleable penile prosthesis, mentor malleable penile prosthesis
- **C8518** Pacemaker, dual chamber, vigor ddd
- **C8519** Pacemaker, dual chamber, vista ddd
- **C8520** Pacemaker, single chamber, legacy ii s
- **C8521** Receiver/transmitter, neurostimulator, medtronic mattrix
- **C8522** Stent, biliary, palmaz balloon expandable stent
- **C8523** Stent, biliary, wallstent transhepatic biliary endoprosthesis
- **C8524** Stent, esophageal, wallstent esophageal prosthesis
- **C8525** Stent, esophageal, wallstent esophageal prosthesis (double)
- **C8526** Optiplast xt 5f percutaneous transluminal angioplasty catheter (various sizes)
- **C8528** Ms classique balloon dilatation catheter
- **C8529** Ismus cath deflectable 20-pole catheter/crista cath ii deflectable 20-pole Catheter
- **C8530** Mentor siltex gel-filled mammary prosthesis, smooth-surface gel-filled mammary prosthesis
- **C8531** Wilson-cook esophageal z metal expandable stent
- **C8532** Stent, esophageal, ultraflex esophageal stent system
- **C8533** Catheter, synchromed vascular catheter model 8700a, model 8700v
- **C8534** Prosthesis, penile, ams malleable 650 penile prosthesis
- **C8535** Stent, biliary, spiral z biliary metal expandable stent, za biliary metal expandable stent
- **C8536** Stent, esophageal, esophageal z metal expandable stent with dua anti-reflux valve, esophageal z metal expandable stent with uncoated flanges
- **C8539** Wilson-cook quantum dilatation balloon

- **C8540** Flex-ez (esophageal) balloon dilator 3302, 3304, 3306
- **C8541** Carson zero tip balloon dilatation catheters with hydroplus coating kit, passport balloon on a wire dilatation catheters with hydroplus coating kit
- **C8542** Urethramax high pressure urethral balloon dilatation catheter/kit
- **C8543** Amplatz renal dilator set
- **C8550** Catheter, livewire ep catheter, 7f csm 401935, 5f decapolar 401938, 401939, 401940, 401941
- **C8551** Catheter, livewire ep catheter, 7f duo-decapolar 401932
- **C8552** Catheter, santuro fixed curve catheter
- **C8597** Guide wire, cordis wisdom st steerable guidewire 537-114, 537-114j, 537-114x, 537-114y
- **C8598** Guide wire, cordis sv guidewire 5cm distal taper configuration (models 503-558, 503-558x), 8cm distal taper configuration (models 503-658, 503-658x), 14cm Distal taper configuration (models 503-758, 503-758x)
- **C8599** Guide wire, cordis stabilizer xs steerable guidewire 527-914, 527-914j, 527-914x, 527-914y
- **C8600** Guide wire, cordis shinobi plus steerable guidewire 547-214, 547-214x
- **C8650** Introducer, cook extra large check-flo introducer
- **C8724** Lead, neurostimulation, octad lead 3898-33/389861
- **C8725** Lead, neurostimulation, symmix lead 3982
- **C8748** Lead, defibrillator, endotak sq patch 0047, 0063
- **C8749** Lead, defibrillator, endotak sq array 0048, 0049
- **C8750** Pacemaker, dual chamber, unity vddr 292-07
- **C8775** Lead, pacemaker, 2188 coronary sinus lead

- **C8776** Lead, pacemaker, innomedica sutureless myocardial 4045, 4058, 4046, 4047
- **C8777** Lead, pacemaker, unipass 425-02, 425-04, 425-06
- **C8800** Stent, biliary, large palmaz balloon expandable stent with delivery system
- **C8801** Stent, biliary, cook z stent gianturco-rosch biliary design
- **C8802** Stent, biliary, cook oasis one action stent introductory system
- **C8830** Stent, coronary, cook gianturco-roubin flex-stent coronary stent
- **C8890** Perfluoron, per 2ml
- **C8891** Perfluoron, per 5ml vial or 7ml vial
- **C9000** Injection, sodium chromate cr51, per 0.25 mci
- **C9001** Linezolid injection, per 200mg
- **C9002** Tenecteplase, per 50mg/vial
- **C9003** Palivizumab-rsv-igm, per 50 mg
- **C9004** Injection, gemtuzumab ozogamicin, per 5 mg
- **C9005** Injection, reteplase, 18.8 mg (one single-use vial)
- **C9006** Injection, tacrolimus, per 5 mg (1 amp)
- **C9007** Baclofen intrathecal screening kit (1 amp)
- **C9008** Baclofen intrathecal refill kit, per 500 mcg
- **C9009** Baclofen refill kit, per 2000 mcg
- **C9010** Baclofen intrathecal refill kit, per 4000 mcg
- **C9011** Injection, caffeine citrate, per 1ml
- **C9100** Supply of radiopharmaceutical diagnostic imaging agent, iodinated i-131 Albumin, per mci

- **C9102** Supply of radiopharmaceutical diagnostic imaging agent, 51 sodium chromate, per 50 mci
- **C9103** Supply of radiopharmaceutical diagnostic imaging agent, sodium iothalamate i-125 injection, per 10 uci
- **C9104** Anti-thymocyte globulin, per 25 mg
- **C9105** Injection, hepatitis b immune globulin, per 1 ml
- **C9106** Sirolimus, per 1 mg/ml
- **C9107** Injection, tinzaparin sodium, per 2ml vial
- **C9500** Platelets, irradiated, each unit
- **C9501** Platelets, pheresis, each unit
- **C9502** Platelets, pheresis, irradiated, each unit
- **C9503** Fresh frozen plasma, donor retested, each unit
- **C9504** Red blood cells, deglycerolized, ea unit
- **C9505** Red blood cells, irradiated, each unit
- **C9700** Water induced thermotherapy
- **C9701** Stretta system
- **C9702** Checkmate intravascular brachytherapy system

DENTAL PROCEDURES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the DENTAL PROCEDURES section that have "notes" are as follows:

Subsection	Code Numbers
Root canal therapy	D3310-D3350
Surgical services	D4210-D4274
Complete dentures	D5110-D5140
Partial dentures	D5211-D5281
Extraoral prostheses	D5911-D5921
Prosthodontics, fixed	D6200-D6999
Oral surgery	D7000-D7999
Complicated suturing	D7911-D7912
Professional consultation	D9310

2. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for DENTAL PROCEDURES are as follows:

D0502	Other oral pathology procedures, by report
D0999	Unspecified diagnostic procedure, by report
D2999	Unspecified restorative procedure, by report
D3999	Unspecified endodontic procedure, by report
D4999	Unspecified periodontal procedure, by report
D5899	Unspecified removable prosthodontic procedure, by report
D5999	Unspecified maxillofacial prosthesis, by report
D6199	Unspecified implant procedure, by report

D6999 Unspecified, fixed prosthodontic procedure, by report
D7899 Unspecified TMD therapy, by report
D7999 Unspecified oral surgery procedure, by report
D8999 Unspecified orthodontic procedure, by report
D9999 Unspecified adjunctive procedure, by report

3. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

4. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with DENTAL PROCEDURES are as follows:

   -CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

   -ET Emergency treatment (dental procedures performed in emergency situations should show the modifier -ET)

   -LT Left side (used to identify procedures performed on the left side of the body)

   -QB Physician providing service in a rural HPSA

   -QU Physician providing service in an urban HPSA

   -RT Right side (used to identify procedures performed on the right side of the body)

   -TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under these circumstances, the technical component charge is identified by adding the modifier -TC to the usual procedure code. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers only bill for technical component and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.

5. **CPT CODE CROSS-REFERENCE:** Unless specified otherwise, there are no equivalent CPT codes for listings in this section.

6. **CDT CODES:** Dental procedures are reported to non-Medicare carriers using Common Dental Terminology (CDT), published by the American Dental Association (ADA).

Dental Procedures

I. DIAGNOSTIC PROCEDURES (D0100-D0999)

CLINICAL ORAL EXAMINATIONS

(D0110) Code deleted 1996

D0120 Periodic oral examination

(D0130) Code deleted 1996

D0140 Limited oral evaluation - problem focused

D0150 Comprehensive oral evaluation

D0160 Detailed and extensive oral evaluation - problem focused, by report

● **D0170** Re-evaluation - limited, problem focused (established patient; not post-operative visit)

RADIOGRAPHS/DIAGNOSTIC IMAGING

D0210 Intraoral; complete series (including bitewings)

D0220 periapical - first film

D0230 periapical - each additional film

D0240 occlusal film

D0250 Extraoral; first film

D0260 each additional film

▲ **D0270** Bitewing(s); single film

D0272 two films

D0274 four films

● **D0277** Vertical bitewings; 7 to 8 films

▲ **D0290** Posterior-anterior or lateral skull and facial bone, survey film

D0310 Sialography

D0320 Temporomandibular joint arthrogram, including injection

D0321 Other temporomandibular joint films, by report

D0322 Tomographic survey

D0330 Panoramic film

D0340 Cephalometric film

● **D0350** Oral/facial images (includes intra and extraoral images)

TESTS AND LABORATORY EXAMINATIONS

D0415 Bacteriologic studies for determination of pathologic agents

D0425 Caries susceptibility tests

D0460 Pulp vitality tests

D0470 Diagnostic casts

(D0471) Code deleted 2000

ORAL PATHOLOGY LABORATORY (USE CODES D0472-D0474)

● **D0472** Accession of tissue; gross examination, preparation and transmission of written report

● **D0473** gross and microscopic examination, preparation and transmission of written report

● **D0474** gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report

● **D0480** Processing and interpretation of cytologic smears, including the preparation and transmission of written report

D0501 Histopathologic examinations

D0502 Other oral pathology procedures, by report

D0999 Unspecified diagnostic procedure, by report

II. PREVENTIVE (D1000-D1999)

DENTAL PROPHYLAXIS

D1110 Prophylaxis; adult

D1120 child

TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)

▲ **D1201** Topical application of fluoride (including prophylaxis); child

▲ **D1203** Topical application of fluoride (prophylaxis not included); child

D1204 adult

▲ **D1205** Topical application of fluoride (including prophylaxis); adult

OTHER PREVENTIVE SERVICES

▲ **D1310** Nutritional counseling for control of dental disease

D1320 Tobacco counseling for the control and prevention of oral disease

▲ **D1330** Oral hygiene instructions

D1351 Sealant - per tooth

SPACE MAINTENANCE (PASSIVE APPLIANCES)

D1510 Space maintainer; fixed-unilateral

D1515 fixed-bilateral

D1520 removable-unilateral

D1525 removable-bilateral

D1550 Recementation of space maintainer

III. RESTORATIVE PROCEDURES (D2000-D2999)

AMALGAM RESTORATIONS (INCLUDING POLISHING)

D2110 Amalgam; one surface, primary

D2120 two surfaces, primary

D2130 three surfaces, primary

▲D2131 four or more surfaces, primary

▲D2140 one surface, permanent

D2150 two surfaces, permanent

D2160 three surfaces, permanent

D2161 four or more surfaces, permanent

SILICATE RESTORATIONS

(D2210) Code deleted 2000

RESIN-BASED COMPOSITE RESTORATIONS

▲D2330 Resin-based composite; one surface, anterior

▲D2331 two surfaces, anterior

▲D2332 three surfaces, anterior

▲D2335 four or more surfaces or involving incisal angle (anterior)

▲D2336 Resin-based composite crown; anterior-primary

●D2337 anterior-permanent

▲ **D2380** Resin-based composite; one surface, posterior-primary

▲ **D2381** two surfaces, posterior-primary

▲ **D2382** three or more surfaces, posterior-primary

▲ **D2385** one surface, posterior-permanent

▲ **D2386** two surfaces, posterior-permanent

▲ **D2387** three surfaces, posterior-permanent

● **D2388** four or more surfaces, posterior-permanent

GOLD FOIL RESTORATIONS

D2410 Gold foil; one surface

D2420 two surfaces

D2430 three surfaces

INLAY/ONLAY RESTORATIONS

D2510 Inlay - metallic; one surface

D2520 two surfaces

▲ **D2530** three or more surfaces

(D2540) Code deleted 1996

● **D2542** Onlay - metallic; two surfaces

▲ **D2543** three surfaces

D2544 four or more surfaces

D2610 Inlay - porcelain/ceramic; one surface

D2620 two surfaces

▲ **D2630** three or more surfaces

(D2640) Code deleted 1996

D2642 Onlay - porcelain/ceramic; two surfaces

	D2643	three surfaces
	D2644	four or more surfaces
▲	**D2650**	Inlay - resin-based composite; one surface
▲	**D2651**	two surfaces
▲	**D2652**	three or more surfaces
	(D2660)	Code deleted 1996
▲	**D2662**	Onlay - resin-based composite; two surfaces
▲	**D2663**	three surfaces
▲	**D2664**	four or more surfaces

CROWNS - SINGLE RESTORATIONS ONLY

	D2710	Crown; resin (laboratory)
	D2720	resin with high noble metal
	D2721	resin with predominantly base metal
	D2722	resin with noble metal
	D2740	porcelain/ceramic substrate
	D2750	porcelain fused to high noble metal
	D2751	porcelain fused to predominantly base metal
	D2752	porcelain fused to noble metal
●	**D2780**	3/4 cast high noble metal
●	**D2781**	3/4 cast predominantly base metal
●	**D2782**	3/4 cast noble metal
●	**D2783**	3/4 porcelain/ceramic
	D2790	full cast high noble metal
	D2791	full cast predominantly base metal

D2792 full cast noble metal

● D2799 Provisional crown

(D2810) Code deleted 2000

OTHER RESTORATIVE SERVICES

D2910 Recement inlay

D2920 Recement crown

D2930 Prefabricated stainless steel crown; primary tooth

D2931 permanent tooth

D2932 Prefabricated resin crown

D2933 Prefabricated stainless steel crown with resin window

D2940 Sedative filling

D2950 Crown build-up, including any pins

▲ D2951 Pin retention - per tooth, in addition to restoration

D2952 Cast post and core in addition to crown

● D2953 Each additional cast post - same tooth

D2954 Prefabricated post and core in addition to crown

D2955 Post removal (not in conjunction with endodontic therapy)

● D2957 Each additional prefabricated post - same tooth (to be used with D2954)

▲ D2960 Labial veneer (resin laminate); chairside

D2961 Labial veneer (resin laminate); laboratory

D2962 Labial veneer (porcelain laminate); laboratory

▲ D2970 Temporary crown (fractured tooth)

D2980 Crown repair, by report

D2999 Unspecified restorative procedure, by report

IV. ENDODONTICS (D3000-D3999)

PULP CAPPING

▲D3110 Pulp cap; direct (excluding final restoration)

D3120 indirect (excluding final restoration)

PULPOTOMY

▲D3220 Therapeutic pulpotomy (excluding final restoration); removal of pulp coronal to the dentinocemental junction and application of medicament

●D3221 Gross pulpal debridement, primary and permanent teeth

ENDODONTIC THERAPY ON PRIMARY TEETH

D3230 Pulpal therapy (resorbable filling); anterior, primary tooth (excluding final restoration)

D3240 posterior, primary tooth (excluding final restoration)

ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW-UP CARE)

▲D3310 Anterior (excluding final restoration)

▲D3320 Bicuspid (excluding final restoration)

▲D3330 Molar (excluding final restoration)

●D3331 Treatment of root canal obstruction; non-surgical access

●D3332 Incomplete endodontic therapy; inoperable or fractured tooth

●D3333 Internal root repair of perforation defects

ENDODONTIC RETREATMENT

▲D3346 Retreatment of previous root canal therapy; anterior

▲**D3347** bicuspid

▲**D3348** molar

APEXICATION/RECALCIFICATION PROCEDURES

D3351 Apexification/recalcification; initial visit (apical closure/calcific repair of perforations, root resorption, etc.)

D3352 interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)

D3353 final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)

APICOECTOMY/PERIRADICULAR SERVICES

▲**D3410** Apicoectomy/periradicular surgery; anterior

▲**D3421** bicuspid (first root)

D3425 molar (first root)

D3426 (each additional root)

▲**D3430** Retrograde filling - per root

D3450 Root amputation - per root

D3460 Endodontic endosseous implant

▲**D3470** Intentional reimplantation (including necessary splinting)

OTHER ENDODONTIC PROCEDURES

D3910 Surgical procedure for isolation of tooth with rubber dam

D3920 Hemisection (including any root removal), not including root canal therapy

▲**D3950** Canal preparation and fitting of preformed dowel or post

(D3960) Code deleted 2000

D3999 Unspecified endodontic procedure, by report

V. PERIODONTICS (D4000-D4999)

SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)

D4210 Gingivectomy or gingivoplasty; per quadrant

D4211 per tooth

▲D4220 Gingival curettage, per quadrant, by report

D4240 Gingival flap procedure, including root planing, per quadrant

●D4245 Apically positioned flap

D4249 Crown lengthening; hard tissue

(D4250) Code deleted 2000

D4260 Osseous surgery (including flap entry and closure) - per quadrant

(D4261) Code deleted 1996

(D4262) Code deleted 1996

D4263 Bone replacement graft; first site in quadrant

D4264 each additional site in quadrant

▲D4266 Guided tissue regeneration; resorbable barrier, per site

▲D4267 non-resorbable barrier, per site (includes membrane removal)

●D4268 Surgical revision procedure, per tooth

D4270 Pedicle soft tissue graft procedure

D4271 Free soft tissue graft procedure (including donor site surgery)

D4273 Subepithelial connective tissue graft procedure (including donor site surgery)

D4274 Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)

NON-SURGICAL PERIODONTAL SERVICES

D4320 Provisional splinting; intracoronal

D4321 extracoronal

▲**D4341** Periodontal scaling and root planing; per quadrant

(D4345) Code deleted 1996

D4355 Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis

D4381 Localized delivery of chemotherapeutic agents via a controlled-release vehicle into diseased crevicular tissue, per tooth, by report

OTHER PERIODONTIC SERVICES

▲**D4910** Periodontal maintenance procedures (following active therapy)

D4920 Unscheduled dressing change (by someone other than treating dentist)

D4999 Unspecified periodontal procedure, by report

VI. PROSTHODONTICS (REMOVABLE) (D5000-D5899)

COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)

▲**D5110** Complete denture; maxillary

▲**D5120** mandibular

▲**D5130** Immediate denture; maxillary

▲**D5140** mandibular

PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)

▲**D5211** Maxillary partial denture; resin base (including any conventional clasps, rests and teeth)

▲**D5212** Mandibular partial denture; resin base (including any conventional clasps, rests and teeth)

▲**D5213** Maxillary partial denture; cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)

▲**D5214** Mandibular partial denture; cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)

▲**D5281** Removable unilateral partial denture; one piece cast metal (including clasps and teeth)

ADJUSTMENTS TO DENTURES

▲**D5410** Adjust complete denture; maxillary

▲**D5411** mandibular

▲**D5421** Adjust partial denture; maxillary

▲**D5422** mandibular

REPAIRS TO COMPLETE DENTURES

D5510 Repair broken complete denture base

D5520 Replace missing or broken teeth - complete denture (each tooth)

REPAIRS TO PARTIAL DENTURES

▲**D5610** Repair resin denture base

D5620 Repair cast framework

D5630 Repair or replace broken clasp

D5640 Replace broken teeth - per tooth

D5650 Add tooth to existing partial denture

▲D5660 Add clasp to existing partial denture

DENTURE REBASE PROCEDURES

▲D5710 Rebase complete maxillary denture

▲D5711 Rebase complete mandibular denture

▲D5720 Rebase maxillary partial denture

▲D5721 Rebase mandibular partial denture

DENTURE RELINE PROCEDURES

▲D5730 Reline complete maxillary denture (chairside)

▲D5731 Reline complete mandibular denture (chairside)

▲D5740 Reline maxillary partial denture (chairside)

▲D5741 Reline mandibular partial denture (chairside)

▲D5750 Reline complete maxillary denture (laboratory)

▲D5751 Reline complete mandibular denture (laboratory)

▲D5760 Reline maxillary partial denture (laboratory)

▲D5761 Reline mandibular partial denture (laboratory)

INTERIM PROSTHESIS

▲D5810 Interim complete denture (maxillary)

▲D5811 Interim complete denture (mandibular)

▲D5820 Interim partial denture (maxillary)

▲D5821 Interim partial denture (mandibular)

OTHER REMOVABLE PROSTHETIC SERVICES

▲D5850 Tissue conditioning; maxillary

▲D5851 mandibular

D5860 Overdenture; complete, by report

D5861 partial, by report

D5862 Precision attachment, by report

●D5867 Replacement of replaceable part of semi-precision or precision attachment (male or female component)

●D5875 Modification of removable prosthesis following implant surgery

D5899 Unspecified removable prosthodontic procedure, by report

VII. MAXILLOFACIAL PROSTHETICS (D5900-D5999)

▲D5911 Facial moulage (sectional)

▲D5912 Facial moulage (complete)

D5913 Nasal prosthesis

D5914 Auricular prosthesis

D5915 Orbital prosthesis

D5916 Ocular prosthesis

D5919 Facial prosthesis

D5922 Nasal septal prosthesis

D5923 Ocular prosthesis, interim

D5924 Cranial prosthesis

D5925 Facial augmentation implant prosthesis

D5926 Nasal prosthesis, replacement

D5927 Auricular prosthesis, replacement

D5928 Orbital prosthesis, replacement

D5929 Facial prosthesis, replacement

▲	D5931	Obturator prosthesis; surgical
▲	D5932	definitive
▲	D5933	modification
▲	D5934	Mandibular resection prosthesis with guide flange
▲	D5935	Mandibular resection prosthesis without guide flange
▲	D5936	Obturator prosthesis, interim
▲	D5937	Trismus appliance (not for TMD treatment)
	D5951	Feeding aid
▲	D5952	Speech aid prosthesis; pediatric
▲	D5953	adult
▲	D5954	Palatal augmentation prosthesis
	D5955	Palatal lift prosthesis, definitive
	D5958	interim
	D5959	modification
	D5960	Speech aid prosthesis, modification
	D5982	Surgical stent
	D5983	Radiation carrier
	D5984	Radiation shield
▲	D5985	Radiation cone locator
▲	D5986	Fluoride gel carrier
	D5987	Commissure splint
	D5988	Surgical splint
	D5999	Unspecified maxillofacial prosthesis, by report

VIII. IMPLANT SERVICES (D6000-D6199)

D6010 Surgical placement of implant body: endosteal implant

D6020 Abutment placement or substitution: endosteal implant

(D6030) Code deleted 1996; see codes 21248-21249

▲**D6040** Surgical placement: eposteal implant

▲**D6050** Surgical placement: transosteal implant

IMPLANT SUPPORTED PROSTHETICS

▲**D6055** Dental implant supported connection bar

●**D6056** Prefabricated abutment

●**D6057** Custom abutment

●**D6058** Abutment supported porcelain/ceramic crown

●**D6059** Abutment supported porcelain fused to metal crown (high noble metal)

●**D6060** Abutment supported porcelain fused to metal crown (predominantly base metal)

●**D6061** Abutment supported porcelain fused to metal crown (noble metal)

●**D6062** Abutment supported cast metal crown (high noble metal)

●**D6063** Abutment supported cast metal crown (predominantly base metal)

●**D6064** Abutment supported cast metal crown (noble metal)

●**D6065** Implant supported porcelain/ceramic crown

●**D6066** Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)

●**D6067** Implant supported metal crown (titanium, titanium alloy, high noble metal)

●**D6068** Abutment supported retainer for porcelain/ceramic FPD

- **D6069** Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
- **D6070** Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
- **D6071** Abutment supported retainer for porcelain fused to metal FPD (noble metal)
- **D6072** Abutment supported retainer for cast metal FPD (high noble metal)
- **D6073** Abutment supported retainer for cast metal FPD (predominantly base metal)
- **D6074** Abutment supported retainer for cast metal FPD (noble metal)
- **D6075** Implant supported retainer for ceramic FPD
- **D6076** Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
- **D6077** Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
- **D6078** Implant/abutment supported fixed denture for completely edentulous arch
- **D6079** Implant/abutment supported fixed denture for partially edentulous arch

OTHER IMPLANT SERVICES

D6080 Implant maintenance procedures, including; removal of prosthesis, cleansing of prosthesis and abutment reinsertion of prosthesis

D6090 Repair implant supported prosthesis, by report. See also code 21299

D6095 Repair implant abutment, by report

D6100 Implant removal, by report. See also code 21299.

D6199 Unspecified implant procedure, by report. See also code 21299.

IX. PROSTHODONTICS, FIXED (EACH RETAINER AND EACH PONTIC CONSTITUTES A UNIT IN A FIXED PARTIAL DENTURE) (D6200-D6999)

FIXED PARTIAL DENTURE PONTICS

	D6210	Pontic; cast high noble metal
	D6211	cast predominantly base metal
	D6212	cast noble metal
	D6240	porcelain fused to high noble metal
	D6241	porcelain fused to predominantly base metal
	D6242	porcelain fused to noble metal
●	D6245	porcelain/ceramic
	D6250	resin with high noble metal
	D6251	resin base predominantly base metal
	D6252	resin with noble metal

FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS

●	D6519	Inlay/onlay - porcelain/ceramic
	D6520	Inlay - metallic; two surfaces
	D6530	three or more surfaces
	(D6540)	Code deleted 1996
▲	D6543	Onlay - metallic; three surfaces
	D6544	four or more surfaces
▲	D6545	Retainer; cast metal for resin bonded fixed prosthesis
●	D6548	porcelain ceramic for resin bonded fixed prosthesis

FIXED PARTIAL DENTURE RETAINERS - CROWNS

	D6720	Crown; resin with high noble metal
	D6721	resin with predominantly base metal
	D6722	resin with noble metal
●	D6740	porcelain/ceramic
	D6750	porcelain fused to high noble metal
	D6751	porcelain fused to predominantly base metal
	D6752	porcelain fused to noble metal
	D6780	3/4 cast high noble metal
●	D6781	3/4 cast predominantly base metal
●	D6782	3/4 cast noble metal
●	D6783	3/4 porcelain/ceramic
	D6790	full cast high noble metal
	D6791	full cast predominantly base metal
	D6792	full cast noble metal

OTHER FIXED PARTIAL DENTURE SERVICES

	D6920	Connector bar
▲	D6930	Recement fixed partial denture
	D6940	Stress breaker
	D6950	Precision attachment
▲	D6970	Cast post and core in addition to fixed partial denture retainer
▲	D6971	Cast post as part of fixed partial denture retainer
▲	D6972	Prefabricated post and core in addition to fixed partial denture retainer

D6973 Core build up for retainer, including any pins

D6975 Coping; metal

● D6976 Each additional cast post - same tooth

● D6977 Each additional prefabricated post - same tooth

▲ D6980 Fixed partial denture repair, by report

▲ D6999 Unspecified, fixed prosthodontic procedure, by report

X. ORAL AND MAXILLOFACIAL SURGERY (D7000-D7999)

EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE)

D7110 Single tooth

D7120 Each additional tooth

D7130 Root removal - exposed roots

SURGICAL EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE)

D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth

D7220 Removal of impacted tooth; soft tissue

D7230 partially bony

D7240 completely bony

▲ D7241 completely bony, with unusual surgical complications

D7250 Surgical removal of residual tooth roots (cutting procedure)

OTHER SURGICAL PROCEDURES

D7260 Oroantral fistula closure

D7270 Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus

(D7271) Code deleted 1996

D7272 Tooth transplantation

D7280 Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)

D7281 Surgical exposure of impacted or unerupted tooth to aid eruption

▲**D7285** Biopsy of oral tissue; hard (bone, tooth)

▲**D7286** soft (all others)

D7290 Surgical repositioning of teeth

D7291 Transseptal fiberotomy, by report

ALVEOLOPLASTY-SURGICAL PREPARATION OF RIDGE FOR DENTURES

D7310 Alveoloplasty in conjunction with extractions - per quadrant

D7320 Alveoloplasty not in conjunction with extractions - per quadrant

VESTIBULOPLASTY

D7340 Vestibuloplasty; ridge extension (secondary epithelialization)

▲**D7350** ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

SURGICAL EXCISION OF REACTIVE INFLAMMATORY LESIONS (SCAR TISSUE OR LOCALIZED CONGENITAL LESIONS)

D7410 Radical excision; lesion diameter up to 1.25 cm

▲**D7420** lesion diameter greater than 1.25 cm

REMOVAL OF TUMORS, CYSTS, AND NEOPLASMS

D7430 Excision of benign tumor; lesion diameter up to 1.25 cm

▲**D7431** lesion diameter greater than 1.25 cm

D7440 Excision of malignant tumor; lesion diameter up to 1.25 cm

▲**D7441** lesion diameter greater than 1.25 cm

D7450 Removal of odontogenic cyst or tumor; lesion diameter up to 1.25 cm

▲**D7451** lesion diameter greater than 1.25 cm

D7460 Removal of nonodontogenic cyst or tumor; lesion diameter up to 1.25 cm

▲**D7461** lesion diameter greater than 1.25 cm

▲**D7465** Destruction of lesion(s) by physical methods, by report

EXCISION OF BONE TISSUE

(D7470) Code deleted 2000

●**D7471** Removal of exostosis, per site

D7480 Partial ostectomy (guttering or saucerization)

D7490 Radical resection of mandible with bone graft

SURGICAL INCISION

D7510 Incision and drainage of abscess; intraoral soft tissue

D7520 extraoral soft tissue

▲D7530 Removal of foreign body, skin, or subcutaneous alveolar tissue

▲D7540 Removal of reaction-producing foreign bodies, musculoskeletal system

D7550 Sequestrectomy for osteomyelitis

D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body

TREATMENT OF FRACTURES - SIMPLE

▲D7610 Maxilla; open reduction (teeth immobilized, if present)

▲D7620 closed reduction (teeth immobilized, if present)

▲D7630 Mandible; open reduction (teeth immobilized, if present)

▲D7640 closed reduction (teeth immobilized, if present)

D7650 Malar and/or zygomatic arch; open reduction

D7660 closed reduction

▲D7670 Alveolus - stabilization of teeth, closed reduction splinting

D7680 Facial bones - complicated reduction with fixation and multiple surgical approaches

TREATMENT OF FRACTURES - COMPOUND

D7710 Maxilla; open reduction

D7720 closed reduction

D7730 Mandible; open reduction

D7740 closed reduction

D7750 Malar and/or zygomatic arch; open reduction

D7760 closed reduction

D7770 Alveolus - stabilization of teeth, open reduction splinting

D7780 Facial bones - complicated reduction with fixation and multiple surgical approaches

REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS

D7810 Open reduction of dislocation

D7820 Closed reduction of dislocation

D7830 Manipulation under anesthesia

D7840 Condylectomy

▲D7850 Surgical discectomy, with/without implant

D7852 Disc repair

D7854 Synovectomy

▲D7856 Myotomy

D7858 Joint reconstruction

D7860 Arthrotomy

D7865 Arthroplasty

D7870 Arthrocentesis

●D7871 Non-arthroscopic lysis and lavage

D7872 Arthroscopy - diagnosis, with or without biopsy

D7873 Arthroscopy - surgical; lavage and lysis of adhesions

▲D7874 disc repositioning and stabilization

D7875 synovectomy

D7876 discectomy

D7877 debridement

▲D7880 Occlusal orthotic device, by report

D7899 Unspecified TMD therapy, by report

REPAIR OF TRAUMATIC WOUNDS

D7910 Suture of recent small wounds up to 5 cm

COMPLICATED SUTURING (RECONSTRUCTION REQUIRING DELICATE HANDLING OF TISSUES AND WIDE UNDERMINING FOR METICULOUS CLOSURE)

▲D7911 Complicated suture; up to 5 cm

▲D7912 greater than 5 cm

OTHER REPAIR PROCEDURES

D7920 Skin graft (identify defect covered, location, and type of graft)

D7940 Osteoplasty - for orthognathic deformities

▲D7941 Osteotomy; mandibular rami

(D7942) Code deleted 2000

▲D7943 Osteotomy; mandibular rami with bone graft; includes obtaining the graft

▲D7944 segmented or subapical - per sextant or quadrant

D7945 body of mandible

▲D7946 LeFort I (maxilla - total)

▲D7947 LeFort I (maxilla - segmented)

▲D7948 LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion); without bone graft

▲D7949 LeFort II or LeFort III; with bone graft

D7950 Osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones - autogeneous or nonautogeneous, by report

D7955 Repair of maxillofacial soft and hard tissue defect

D7960 Frenulectomy (frenectomy or frenotomy) - separate procedure

D7970 Excision of hyperplastic tissue - per arch

D7971 Excision of pericoronal gingiva

D7980 Sialolithotomy

D7981 Excision of salivary gland, by report

D7982 Sialodochoplasty

D7983 Closure of salivary fistula

D7990 Emergency tracheotomy

D7991 Coronoidectomy

(D7993) Code deleted 1996; see code 21208

(D7994) Code deleted 1996; see CPT

D7995 Synthetic graft - mandible or facial bones, by report

▲**D7996** Implant-mandible for augmentation purposes (excluding alveolar ridge), by report

●**D7997** Appliance removal (not by dentist who placed appliance), includes removal of archbar

D7999 Unspecified oral surgery procedure, by report

XI. ORTHODONTICS (D8000-D8999)

LIMITED ORTHODONTIC TREATMENT

▲**D8010** Limited orthodontic treatment of the primary dentition

D8020 of the transitional dentition

D8030 of the adolescent dentition

D8040 of the adult dentition

INTERCEPTIVE ORTHODONTIC TREATMENT

D8050 Interceptive orthodontic treatment of the primary dentition

D8060 of the transitional dentition

COMPREHENSIVE ORTHODONTIC TREATMENT

D8070 Comprehensive orthodontic treatment of the transitional dentition

D8080 of the adolescent dentition

D8090 of the adult dentition

(D8110) Code deleted 1996

(D8120) Code deleted 1996

MINOR TREATMENT TO CONTROL HARMFUL HABITS

D8210 Removable appliance therapy

D8220 Fixed appliance therapy

INTERCEPTIVE ORTHODONTIC TREATMENT

(D8360) Code deleted 1996

(D8370 Code deleted 1996

COMPREHENSIVE ORTHODONTIC TREATMENT - TRANSITIONAL DENTITION

(D8460) Code deleted 1996

(D8470) Code deleted 1996

(D8480) Code deleted 1996

COMPREHENSIVE ORTHODONTIC TREATMENT - PERMANENT DENTITION

(D8560) Code deleted 1996

(D8570) Code deleted 1996

(D8580) Code deleted 1996

OTHER ORTHODONTIC SERVICES

(D8650) Code deleted 1996

D8660 Pre-orthodontic visit

D8670 Periodontic orthodontic treatment visit (as part of contract)

D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))

D8690 Orthodontic treatment (alternative billing to a contract fee)

● D8691 Repair of orthodontic appliance

● D8692 Replacement of lost or broken retainer

(D8750) Code deleted 1996

D8999 Unspecified orthodontic procedure, by report

XII. ADJUNCTIVE GENERAL SERVICES (D9000-D9999)

UNCLASSIFIED TREATMENT

D9110 Palliative (emergency) treatment of dental pain - minor procedures

ANESTHESIA

D9210 Local anesthesia not in conjunction with operative or surgical procedures

D9211 Regional block anesthesia

D9212 Trigeminal division block anesthesia

D9215 Local anesthesia

▲ D9220 General anesthesia; first 30 minutes

D9221 each additional 15 minutes

▲ D9230 Analgesia, anxiolysis, inhalation of nitrous oxide

(D9240) Code deleted 2000

● D9241 Intravenous sedation/analgesia; first 30 minutes

● D9242 each additional 15 minutes

● D9248 Non-intravenous conscious sedation

PROFESSIONAL CONSULTATION

▲ D9310 Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)

PROFESSIONAL VISITS

▲ D9410 House/extended care facility call

D9420 Hospital call

D9430 Office visit for observation (during regularly scheduled hours) - no other services performed

D9440 Office visit - after regularly scheduled hours

DRUGS

D9610 Therapeutic drug injection, by report

D9630 Other drugs and/or medicaments, by report

MISCELLANEOUS SERVICES

▲ D9910 Application of desensitizing medicament

● D9911 Application of desensitizing resin for cervical and/or root service, per tooth

D9920 Behavior management, by report

▲ D9930 Treatment of complications (post-surgical) - unusual circumstances, by report

▲ D9940 Occlusal guard, by report

D9941 Fabrication of athletic mouthguards

D9950 Occlusion analysis - mounted case

D9951 Occlusal adjustment; limited

D9952 complete

D9970 Enamel microabrasion

● **D9971** Odontoplasty 1-2 teeth; includes removal of enamel projections

● **D9972** External bleaching; per arch

● **D9973** per tooth

● **D9974** Internal bleaching; per tooth

D9999 Unspecified adjunctive procedure, by report

NOTE: The Noble Metal Classification System has been adopted as a more precise method of reporting various alloys used in dentistry. The alloys are defined on the basis of the percentage of Noble Metal Content.

DURABLE MEDICAL EQUIPMENT

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **DEFINITION OF DURABLE MEDICAL EQUIPMENT:** Durable medical equipment (DME) can withstand repeated use and is used primarily to serve a medical purpose. It generally is not useful in the absence of an illness or injury, and is appropriate for use in the home. Expendable medical supplies, such as incontinent pads, lamb's wool pads, catheters, ace bandages, elastic stockings, surgical face masks, irrigating kits, sheets and bags, are not considered to be DME.

2. **REASONABLE AND NECESSARY:** DME may not be covered in every instance. The equipment must be reasonable and necessary for the illness or injury being treated or for improving the functioning of a malformed body part. A physician's prescription is normally sufficient to establish that the equipment is necessary. To determine reasonableness, the following conditions must be met: the expense must be proportionate to the therapeutic benefits of using the equipment; the cost must not substantially exceed a medically appropriate care plan; and, the item must not serve the same purpose as equipment already available to the patient. Claims for items that are not reasonable will be denied except when it is determined that no alternative plan of care is available for which payment could be made.

3. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the DURABLE MEDICAL EQUIPMENT section that have "notes" are as follows:

Subsection	Code Numbers
Artificial kidney machines and accessories	E1510-E1699

4. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining

unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for DURABLE MEDICAL EQUIPMENT are as follows:

E1399 Durable medical equipment, miscellaneous
E1699 Dialysis equipment, unspecified, by report

5. **SPECIAL REPORT**: A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

6. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with DURABLE MEDICAL EQUIPMENT are as follows:

-CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

-LL Lease/rental (used the "LL" modifier when DME rental is to be applied against the purchase price)

-LT Left side (used to identify procedures performed on the left sideof the body)

-MS Six-month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty

-NR New when rented (use the "NR" modifier when DME that was new at the time of rental is subsequently purchased)

-NU New equipment

-QE Prescribed amount of oxygen less than 1 liter per minute (LPM)

-QF Prescribed amount of oxygen more than 4 liters per minute (LPM), and portable oxygen is prescribed

-QG Prescribed amount of oxygen is greater than 4 liters per minute (LPM)

-QH Oxygen-conserving device is being used with an oxygen delivery system

-QT Recording and storage on tape by an analog tape recorder

-RP Replacement and repair (may be used to indicate replacement of DME, orthotic and prosthetic devices that have been in use for some time. The claim shows the code for the part, followed by the "RP" modifier and the charge for the part.)

-RR Rental (used when DME is to be rented)

-RT Right side (used to identify procedures performed on the right side of the body)

-TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier -TC to the usual procedure code. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers bill only for technical component and should utilize modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.

-UE Used durable medical equipment

7. **CPT CODE CROSS-REFERENCE:** Unless otherwise specified, the equivalent CPT code for all listings in this section is 99070.

8. **DURABLE MEDICAL EQUIPMENT REGIONAL CARRIERS (DMERCS):** Effective October 1, 1993 claims for durable medical equipment (DME) must be billed to one of four regional carriers depending upon the residence of the beneficiary. The transition dates for DMERC claims is from November 1, 1993 to March 1, 1994 depending upon the state you practice in. See the Introduction for a complete discussion of DMERCs.

DURABLE MEDICAL EQUIPMENT

CANES

E0100 Cane, includes canes of all materials, adjustable or fixed, with tip

E0105 Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips

CRUTCHES

E0110 Crutches, forearm, includes crutches of various materials, adjustable or fixed; pair, complete with tips and handgrip

E0111 each, with tip and handgrip

E0112 Crutches, underarm, wood, adjustable or fixed; pair, with pads, tips and handgrip

E0113 each, with pad, tip and handgrip

E0114 Crutches, underarm, other than wood, adjustable or fixed; pair, with pads, tips and handgrips

E0116 Crutches, underarm, other than wood, adjustable or fixed; each, with pad, tip and handgrip

WALKERS

E0130 Walker, rigid (pickup), adjustable or fixed height

E0135 Walker, folding (pickup), adjustable or fixed height

E0141 Rigid walker, wheeled, without seat

E0142 Rigid walker, wheeled, with seat

E0143 Folding walker, wheeled, without seat

E0144 Enclosed, framed folding walker, wheeled, with posterior seat

E0145 Walker, wheeled, with seat and crutch attachments

E0146 Folding walker, wheeled, with seat

E0147 Heavy duty, multiple breaking system, variable wheel resistance walker

• **E0148** Walker, heavy duty, without wheels, rigid or folding, any type, each

• **E0149** Walker, heavy duty, wheeled, rigid or folding, any type, each

ATTACHMENTS

E0153 Platform attachment; forearm crutch, each

E0154 walker, each

E0155 Wheel attachment, rigid pick-up walker, per pair

E0156 Seat attachment, walker

E0157 Crutch attachment, walker, each

E0158 Leg extensions for a walker, per set of four (4)

E0159 Brake attachment for wheeled walker, replacement, each

COMMODES

E0160 Sitz type bath or equipment, portable, used with or without commode

E0161 with faucet attachments

E0162 Sitz bath chair

E0163 Commode chair; stationary, with fixed arms

E0164 mobile, with fixed arms

E0165 stationary, with detachable arms

E0166 mobile, with detachable arms

E0167 Pail or pan for use with commode chair

• **E0168** Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each

E0175 Foot rest, for use with commode chair, each

E0176 Air pressure pad or cushion, nonpositioning

E0177 Water pressure pad or cushion, nonpositioning

E0178 Gel or gel-like pressure pad or cushion, nonpositioning

E0179 Dry pressure pad or cushion, nonpositioning

DECUBITUS CARE EQUIPMENT

E0180 Pressure pad, alternating with pump;

E0181 heavy duty

E0182 Pump for alternating pressure pad

E0184 Dry pressure mattress

E0185 Gel or gel-like pressure pad for mattress, standard mattress length and width

E0186 Air pressure mattress

E0187 Water pressure mattress

E0188 Synthetic sheepskin pad

E0189 Lambswool sheepskin pad, any size

E0191 Heel or elbow protector, each

E0192 Low pressure and positioning equalization pad, for wheelchair

E0193 Powered air floatation bed (low air loss therapy)

E0194 Air fluidized bed

E0196 Gel pressure mattress

E0197 Air pressure pad for mattress, standard mattress length and width

E0198 Water pressure pad for mattress, standard mattress length and width

E0199 Dry pressure pad for mattress, standard mattress length and width

HEAT/COLD APPLICATION

E0200 Heat lamp, without stand (table model), includes bulb, or infrared element

E0202 Phototherapy (bilirubin) light with photometer

E0205 Heat lamp, with stand, includes bulb, or infrared element

E0210 Electric heat pad; standard

E0215 moist

E0217 Water circulating heat pad with pump

E0218 Water circulating cold pad with pump

E0220 Hot water bottle

E0225 Hydrocollator unit, includes pads

E0230 Ice cap or collar

E0235 Paraffin bath unit, portable (see medical supply code A4265 for paraffin)

E0236 Pump for water circulating pad

(E0237) Code deleted 1997

E0238 Non-electric heat pad, moist

E0239 Hydrocollator unit, portable

BATH AND TOILET AIDS

E0241 Bath tub wall rail, each

E0242 Bath tub rail, floor base

E0243 Toilet rail, each

E0244 Raised toilet seat

E0245 Tub stool or bench

E0246 Transfer tub rail attachment

E0249 Pad for water circulating heat unit

HOSPITAL BEDS AND ACCESSORIES

E0250 Hospital bed, fixed height, with any type side rails; with mattress

E0251 without mattress

E0255 Hospital bed, variable height, hi-lo, with any type side rails; with mattress

E0256 without mattress

E0260 Hospital bed, semi-electric (head and foot adjustment), with any type side rails; with mattress

E0261 without mattress

E0265 Hospital bed, total electric (head, foot and height adjustments), with any type side rails; with mattress

E0266 without mattress

E0270 Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress

E0271 Mattress; innerspring

E0272 foam rubber

E0273 Bed board

E0274 Over-bed table

E0275 Bed pan; standard, metal or plastic

E0276 fracture, metal or plastic

E0277 Powered pressure-reducing air mattress

E0280 Bed cradle, any type

E0290 Hospital bed; fixed-height, without side rails; with mattress

E0291 without mattress

E0292 Hospital variable height, hi-lo, without side rails; with mattress

E0293 without mattress

E0294 Hospital bed, semi-electric (head and foot adjustment), without side rails; with mattress

E0295 without mattress

E0296 Hospital bed, total electric (head, foot and height adjustments), without side rails; with mattress

E0297 without mattress

● **E0298** Hospital bed, heavy duty, extra wide, with any type side rails, with mattress

HOSPITAL BED ACCESSORIES

E0305 Bed side rails; half length

E0310 full length

E0315 Bed accessory: board, table, or support device, any type

E0325 Urinal; male, jug/type, any material

E0326 female, jug/type, any material

E0350 Control unit for electronic bowel irrigation/evacuation system

E0352 Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system

E0370 Air pressure elevator for heel

E0371 Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width

E0372 Powered air overlay for mattress, standard mattress length and width

E0373 Nonpowered advanced pressure reducing mattress

OXYGEN AND RELATED RESPIRATORY EQUIPMENT

▲**E0424** Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing

E0425 Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing

E0430 Portable gaseous oxygen system, purchase; includes regulator flowmeter, humidifier, cannula or mask, and tubing

▲**E0431** Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing

E0434 Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing

E0435 Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or masks, tubing and refill adaptor

▲**E0439** Stationary liquid oxygen system; rental, includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing

E0440 purchase, includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing

▲**E0441** Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned)

▲**E0442** Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned)

▲**E0443** Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used)

▲**E0444** Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used)

E0450 Volume ventilator, stationary or portable, with backup rate feature, used with invasive interface (e.g., tracheostomy tube)

(E0452) Code deleted 2000

(E0453) Code deleted 2000

E0455 Oxygen tent, excluding croup or pediatric tents

E0457 Chest shell (cuirass)

E0459 Chest wrap

E0460 Negative pressure ventilator, portable or stationary

E0462 Rocking bed with or without side rails

E0480 Percussor, electric or pneumatic, home model

IPPB MACHINES

E0500 IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source

HUMIDIFIERS/NEBULIZERS FOR USE WITH OXYGEN IPPB EQUIPMENT

COMPRESSORS

E0550 Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery

E0555 Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter

E0560 Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery

E0565 Compressor, air power source for equipment which is not self-contained or cylinder driven

E0570 Nebulizer; with compressor

● **E0571** Aerosol compressor, battery powered, for use with small volume nebulizer

● **E0572** Aerosol compressor, adjustable pressure, light duty for intermittent use

● **E0574** Ultrasonic generator with small volume ultrasonic nebulizer

▲ **E0575** Nebulizer, ultrasonic, large volume

E0580 Nebulizer, with compressor, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter

E0585 Nebulizer with compressor and heater

E0590 Dispensing fee covered drug administered through DME nebulizer

SUCTION PUMP/ROOM VAPORIZERS

E0600 Suction pump, home model, portable

E0601 Continuous airway pressure (CPAP) device

E0602 Breast pump, all types

E0605 Vaporizer, room type

E0606 Postural drainage board

MONITORING EQUIPMENT

E0607 Home blood glucose monitor

E0608 Apnea monitor

E0609 Blood glucose monitor with special features (e.g., voice synthesizers, automatic timers, etc.)

PACEMAKER MONITOR

E0610 Pacemaker monitor, self-contained; (checks battery depletion, included audible and visible check systems)

E0615 (checks battery depletion and other pacemaker components, includes digital/visible check systems)

E0616 Implantable cardiac event recorder with memory, activator and programmer

● **E0617** External defibrillator with integrated electrocardiogram analysis

PATIENT LIFTS

E0621 Sling or seat, patient lift, canvas or nylon

E0625 Patient lift, kartop, bathroom or toilet

E0627 Seat lift mechanism incorporated into a combination lift-chair mechanism

E0628 Separate seat life mechanism for use with patient owned furniture; electric

E0629 non-electric

E0630 Patient lift; hydraulic, with seat or sling

E0635 electric, with seat or sling

PNEUMATIC COMPRESSOR AND APPLIANCES (LYMPHEDEMA PUMP)

E0650 Pneumatic compressor; non-segmental home model

E0651 segmental home model without calibrated gradient pressure

E0652 segmental home model with calibrated gradient pressure

E0655 Non-segmental pneumatic appliance for use with pneumatic compressor; half arm

E0660 full leg

E0665 full arm

E0666 half leg

E0667 Segmental pneumatic appliance for use with pneumatic compressor; full leg

E0668 full arm

E0669 half leg

(E0670) Code deleted 1995

E0671 Segmental gradient pressure pneumatic appliance, full leg

E0672 full arm

E0673 half leg

ULTRAVIOLET CABINET

E0690 Ultraviolet cabinet, appropriate for home use

SAFETY EQUIPMENT

E0700 Safety equipment (e.g., belt, harness or vest)

RESTRAINTS

E0710 Restraints, any type (body, chest, wrist or ankle)

TRANSCUTANEOUS AND/OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATORS-TENS

E0720 TENS; two lead, localized stimulation

E0730 four lead, larger area/multiple nerve stimulation

E0731 Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)

E0740 Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer

E0744 Neuromuscular stimulator for scoliosis

E0745 Neuromuscular stimulator, electronic shock unit

E0746 Electromyography (EMG), biofeedback device

E0747 Osteogenesis stimulator; electrical, non-invasive, other than spinal applications

E0748 Osteogenisis stimulator; electrical, noninvasive, spinal applications

E0749 Osteogenisis stimulator, electrical, surgically implanted

(E0750) Code deleted 1995

(E0751) Code deleted 2001

E0753 Implantable neurostimulator electrodes, per group of four

E0755 Electronic salivary reflex stimulator (intra-oral/non-invasive)

● **E0756** Implantable neurostimulator pulse generator

● **E0757** Implantable neurostimulator radiofrequency receiver

● **E0758** Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver

E0760 Ostogenesis stimulator, low intensity ultrasound, non-invasive

● **E0765** FDA approved nerve stimulator with replaceable batteries for treatment of nausea and vomiting

E0776 IV pole

E0779 Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater

E0780 Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours

E0781 Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient

E0782 Infusion pump, implantable, non-programmable

E0783 Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)

▲ **E0784** External ambulatory infusion pump, insulin

E0785 Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement

● **E0786** Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)

E0791 Parenteral infusion pump, stationary, single or multi-channel

TRACTION EQUIPMENT

TRACTION-CERVICAL

● **E0830** Ambulatory traction device, all types, each

E0840 Traction frame, attached to headboard, cervical traction

E0850 Traction stand, free standing, cervical traction

E0855 Cervical traction equipment not requiring additional stand or frame

TRACTION-OVERDOOR

E0860 Traction equipment, overdoor, cervical

TRACTION-EXTREMITY

E0870 Traction frame, attached to footboard, extremity traction, (e.g., Buck's)

E0880 Traction stand, free standing, extremity traction, (e.g., Buck's)

TRACTION-PELVIC

E0890 Traction frame, attached to footboard, pelvic traction

E0900 Traction stand, free standing, pelvic traction (e.g., Buck's)

TRAPEZE EQUIPMENT, FRACTURE FRAME AND OTHER ORTHOPEDIC DEVICES

E0910 Trapeze bars, A/K/A patient helper, attached to bed, with grab bar

E0920 Fracture frame; attached to bed, includes weights

E0930 free standing, includes weights

E0935 Passive motion exercise device

E0940 Trapeze bar, free standing, complete with grab bar

E0941 Gravity assisted traction device, any type

E0942 Cervical head harness/halter

E0943 Cervical pillow

E0944 Pelvic belt/harness/boot

E0945 Extremity belt/harness

E0946 Fracture frame; dual with cross bars, attached to bed, (e.g., Balken, 4 poster)

E0947 attachments for complex pelvic traction

E0948 attachments for complex cervical traction

WHEELCHAIRS

E0950 Tray

E0951 Loop heel, each

E0952 Loop toe, each

E0953 Pneumatic tire, each

E0954 Semi-pneumatic caster, each

WHEELCHAIR ACCESSORIES

E0958 Wheelchair attachment to convert any wheelchair to one arm drive

E0959 Amputee adapter (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)

E0961 Brake extension, for wheelchair

E0962 1" cushion, for wheelchair

E0963 2" cushion, for wheelchair

E0964 3" cushion, for wheelchair

E0965 4" cushion, for wheelchair

E0966 Hook on head rest extension

E0967 Wheelchair hand rims with 8 vertical rubber tipped projections, pair

E0968 Commode seat, wheelchair

E0969 Narrowing device, wheelchair

E0970 No. 2 Footplates, except for elevating leg rest

E0971 Anti-tipping device wheelchair

E0972 Transfer board or device

E0973 Adjustable height detachable arms, desk or full length, wheelchair

E0974 'Grade-Aid' (device to prevent rolling back on an incline) for wheelchair

E0975 Reinforced seat upholstery, wheelchair

E0976 Reinforced back upholstery, wheelchair

E0977 Wedge cushion, wheelchair

E0978 Belt; safety with airplane buckle, wheelchair

E0979 safety with velcro closure, wheelchair

E0980 Safety vest, wheelchair

E0990 Elevating leg rest, each

E0991 Upholstery seat

E0992 Solid seat insert

E0993 Back, upholstery

E0994 Arm rest, each

E0995 Calf rest, each

E0996 Tire, solid, each

E0997 Caster with a fork

E0998 Caster without fork

E0999 Pneumatic tire with wheel

E1000 Tire, pneumatic caster

E1001 Wheel, single

WHEELCHAIR-ECONOMY

ROLLABOUT CHAIR

E1031 Rollabout chair, any and all types with castors 5 inches or greater

● **E1035** Multi-positional patient transfer system, with integrated seat, operated by care giver

WHEELCHAIR-FULLY-RECLINING

E1050 Fully-reclining wheelchair; fixed full length arms, swing away detachable elevating leg rests

E1060 Fully-reclining wheelchair; detachable arms, desk or full length, swing away detachable elevating leg rests

E1065 Power attachment (to convert any wheelchair to motorized wheelchair, e.g., Solo)

E1066 Battery charger

E1069 Deep cycle battery

E1070 Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest

E1083 Hemi-wheelchair; fixed full length arms, swing away detachable elevating leg rest

E1084 detachable arms desk or full length arms, swing away detachable elevating leg rests

E1085 fixed full length arms, swing away detachable footrests

E1086 detachable arms desk or full length, swing away detachable footrests

E1087 High strength lightweight wheelchair; fixed full length arms, swing away detachable elevating leg rests

E1088 detachable arms desk or full length, swing away detachable elevating leg rests

E1089 fixed length arms, swing away detachable footrest

E1090 detachable arms desk or full length, swing away detachable footrests

E1091 Youth wheelchair, any type

E1092 Wide heavy duty wheelchair, detachable arms (desk or full length); swing away detachable elevating leg rests

E1093 swing away detachable footrests

WHEELCHAIR-SEMI-RECLINING

E1100 Semi-reclining wheelchair; fixed full length arms, swing away detachable elevating leg rests

E1110 detachable arms (desk or full length), elevating leg rest

WHEELCHAIR-STANDARD

E1130 Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests

E1140 Wheelchair, detachable arms, desk or full length; swing away detachable footrests

E1150 swing away detachable elevating leg rests

E1160 Wheelchair, fixed full length arms, swing away detachable elevating leg rests

WHEELCHAIR-AMPUTEE

E1170 Amputee wheelchair; fixed full length arms, swing away detachable elevating leg rests

E1171 fixed full length arms, without foot rests or leg rest

E1172 detachable arms (desk or full length), without foot rests or leg rest

E1180 detachable arms (desk or full length), swing away detachable foot rests

E1190 detachable arms (desk or full length), swing away detachable elevating leg rests

E1195 Heavy duty wheelchair, fixed full length arms, swing away detachable elevating leg rests

E1200 Amputee wheelchair, fixed full length arms, swing away detachable foot rest

WHEELCHAIR-POWER

E1210 Motorized wheelchair; fixed full length arms, swing away detachable elevating leg rests

E1211 detachable arms, desk or full length, swing away detachable elevating leg rests

E1212 fixed full length arms, swing away detachable foot rests

E1213 detachable arms desk or full length, swing away detachable foot rests

WHEELCHAIR-SPECIAL SIZE

E1220 Wheelchair specially sized or constructed (indicate brand name, model number, if any, and justification)

E1221 Wheelchair with fixed arm; footrests

E1222 elevating legrests

E1223 Wheelchair with detachable arms; footrests

E1224 elevating legrests

E1225 Semi-reclining back for customized wheelchair

E1226 Full reclining back for customized wheelchair

E1227 Special height arms for wheelchair

E1228 Special back height for wheelchair

POWER OPERATED VEHICLE

E1230 Power operated vehicle (3 or 4 wheel non-highway) specify brand name and model number

WHEELCHAIR-LIGHTWEIGHT

E1240 Lightweight wheelchair; detachable arms, (desk or full length) swing away detachable, elevating leg rest

E1250 fixed full length arms, swing away detachable footrest

E1260 detachable arms (desk or full length) swing away detachable footrest

E1270 fixed full length arms, swing away detachable elevating leg rests

WHEELCHAIR-HEAVY DUTY

E1280 Heavy duty wheelchair; detachable arms (desk or full length) elevating leg rests

E1285 fixed full length arms, swing away detachable foot rest

E1290 detachable arms (desk or full length) swing away detachable foot rest

E1295 fixed full length arms, elevating leg rest

E1296 Special wheelchair; seat height from floor

E1297 seat depth, by upholstery

E1298 seat depth and/or width, by construction

WHIRLPOOL EQUIPMENT

E1300 Whirlpool; portable (overtub type)

E1310 non-portable (built-in type)

REPAIRS AND REPLACEMENT SUPPLIES

E1340 Repair or nonroutine service for DME requiring the skill of a technician, labor component, per 15 minutes

(E1350) Code deleted 1997; use E1340

ADDITIONAL OXYGEN RELATED SUPPLIES AND EQUIPMENT

E1353 Regulator

E1355 Stand/Rack

E1372 Immersion external heater for nebulizer

(E1375) Code deleted 2001; use E0570

(E1377) Code deleted 2001; use Q0036

(E1378) Code deleted 2001; use Q0036

(E1379) Code deleted 2001; use Q0036

(E1380) Code deleted 2001; use Q0036

(E1381) Code deleted 2001; use Q0036

(E1382) Code deleted 2001; use Q0036

(E1383) Code deleted 2001; use Q0036

(E1384) Code deleted 2001; use Q0036

(E1385) Code deleted 2001; use Q0036

E1390 Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate

E1399 Durable medical equipment, miscellaneous

(E1400) Code deleted 2000; use E1390

(E1401) Code deleted 2000; use E1390

(E1402) Code deleted 2000; use E1390

(E1403) Code deleted 2000; use E1390

(E1404) Code deleted 2000; use E1390

E1405 Oxygen and water vapor enriching system; with heated delivery

E1406 without heated delivery

ARTIFICIAL KIDNEY MACHINES AND ACCESSORIES

NOTE: For supplies for ESRD, see codes A4650-A4999.

E1510 Kidney dialysate delivery system; kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temp control with alarm, I.V. poles, pressure gauge, concentrate container

E1520 Heparin infusion pump for dialysis

E1530 Air bubble detector for dialysis

E1540 Pressure alarm for dialysis

E1550 Bath conductivity meter for dialysis

E1560 Blood leak detector for dialysis

E1570 Adjustable chair, for ESRD patients

E1575 Transducer protectors/fluid barriers, any size, each

E1580 Unipuncture control system for dialysis

E1590 Hemodialysis machine

E1592 Automatic intermittent peritoneal dialysis system

E1594 Cycler dialysis machine for peritoneal dialysis

E1600	Delivery and/or installation charges for renal dialysis equipment
E1610	Reverse osmosis water purification system
E1615	Deionizer water purification system
E1620	Blood pump for dialysis
E1625	Water softening system
E1630	Reciprocating peritoneal dialysis system
E1632	Wearable artificial kidney
E1635	Compact (portable) travel hemodialyzer system
E1636	Sorbent cartridges, per case
E1640	Replacement components for hemodialysis and/or peritoneal dialysis machines that are owned or being purchased by the patient
E1699	Dialysis equipment, unspecified, by report
E1700	Jaw motion rehabilitation system
E1701	Replacement cushions for jaw motion rehabilitation system, pkg. of 6
E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200
▲**E1800**	Dynamic adjustable elbow extension/flexion device, or equal
▲**E1805**	Dynamic adjustable wrist extension/flexion device, or equal
▲**E1810**	Dynamic adjustable knee extension/flexion device, or equal
▲**E1815**	Dynamic adjustable ankle extension/flexion device, or equal
E1820	Soft interface material, dynamic adjustable extension/flexion device

▲**E1825** Dynamic adjustable finger extension/flexion device, or equal

▲**E1830** Dynamic adjustable toe extension/flexion device, or equal

E1900 Synthesized speech augmentative communication device with dynamic display

PROCEDURES & PROFESSIONAL SERVICES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **TEMPORARY CODES:** The codes listed in this section are assigned by HCFA on a temporary basis to identify procedures/professional services.

PROCEDURES/PROFESSIONAL SERVICES

G0001 Routine venipuncture for collection of specimen(s)

G0002 Office procedure, insertion of temporary indwelling catheter, foley type (separate procedure)

(G0003) Code deleted 1995

G0004 Patient demand single or multiple event recording with pre-symptom memory loop and 24-hour attended monitoring, per 30-day period; includes transmission, physician reviewe and interpretation.

G0005 Patient demand single or multiple event recording with pre-symptom memory loop and 24-hour attended monitoring, per 30-day period; recording (includes hook-up, recording and disconnection)

G0006 Patient demand single or multiple event recording with pre-symptom memory loop and 24-hour attended monitoring, per 30-day period; 24-hour attended monitoring, receipt of transmissions, and analysis

G0007 Patient demand single or multiple event recording with pre-symptom memory loop and 24-hour attended monitoring, per 30-day period; physician review and interpretation only

G0008 Administration of influenza virus vaccine

G0009 Administration of pneumococcal vaccine

G0010 Administration of hepatitis B vaccine

G0015 Post-symptom telephonic transmission of electrocardiogram rhythm strip(s) and 24-hour attended monitoring, per 30-day period; tracing only

G0016 physician review and interpretation only

(G0020) Code deleted 1996; see 21076

(G0021) Code deleted 1996; see 21077

G0025 Collagen skin test kit

G0026 Fecal leucocyte examination

G0027 Semen analysis; presence and/or motility of sperm excluding Huhner

G0030 PET myocardial perfusion imaging, (following previous PET, G0030-G0047); single study, rest or stress (exercise and/or pharmacologic)

G0031 multiple studies, rest or stress (exercise and/or pharmacologic)

G0032 PET myocardial perfusion imaging, (following rest SPECT, 78464); single study, rest or stress (exercise and/or pharmacologic)

G0033 multiple studies, rest or stress (exercise and/or pharmacologic)

G0034 PET myocardial perfusion imaging, (following rest SPECT, 78465); single study, rest or stress (exercise and/or pharmacologic)

G0035 multiple studies, rest or stress (exercise and/or pharmacologic)

G0036 PET myocardial perfusion imaging (following coronary angiography, 93510-93529); single study, rest or stress (exercise and/or pharmacologic)

G0037 multiple studies, rest or stress (exercise and/or pharmacologic)

G0038 PET myocardial perfusion imaging (following stress planar myocardial perfusion 78460); single study, rest or stress (exercise and/or pharmacologic)

G0039 multiple studies, rest or stress (exercise and/or pharmacologic)

G0040 PET myocardial perfusion imaging (following stress echocardiogram, 93350); single study, rest or stress (exercise and/or pharmacologic)

G0041 multiple studies, rest or stress (exercise and/or pharmacologic)

G0042 PET myocardial perfusion imaging (following stress nuclear ventriculogram 78481 or 78483); single study, rest or stress (exercise and/or pharmacologic)

G0043 multiple studies, rest or stress (exercise and/or pharmacologic)

G0044 PET myocardial perfusion imaging (following rest ECG 93000); single study, rest or stress (exercise and/or pharmacologic)

G0045 multiple studies, rest or stress (exercise and/or pharmacologic)

G0046 PET myocardial perfusion imaging (following stress ECG 93015); single study, rest or stress (exercise and/or pharmacologic)

G0047 multiple studies, rest or stress (exercise and/or pharmacologic)

G0050 Measurement of post-voiding residual urine and/or bladder capacity by ultrasound

(G0051) Code deleted 1998; use 17000

(G0052) Code deleted 1998; use 17003

(G0053) Code deleted 1998; use 17004

(G0054) Code deleted 1997

Not valid for Medicare | Non-covered by Medicare | Special coverage instructions | Carrier discretion

(G0055) Code deleted 1997

(G0056) Code deleted 1997

(G0057) Code deleted 1997

(G0058) Code deleted 1998

(G0059) Code deleted 1998

(G0060) Code deleted 1998

(G0061) Code deleted 1997; use 32491

(G0062) Code deleted 1998; use 76076, 76078, 78350

(G0063) Code deleted 1998; use 76070, 76075, 76078, 78350

(G0064) Code deleted 1998; use 99375

(G0065) Code deleted 1998; use 99378

(G0066) Code deleted 1998

(G0071) Code deleted 1998; use 90804

(G0072) Code deleted 1998; use 90805

(G0073) Code deleted 1998; use 90806

(G0074) Code deleted 1998; use 90807

(G0075) Code deleted 1998; use 90808

(G0076) Code deleted 1998; use 90809

(G0077) Code deleted 1998; use 90810

(G0078) Code deleted 1998; use 90811

(G0079) Code deleted 1998; use 90812

(G0080) Code deleted 1998; use 90813

(G0081) Code deleted 1998; use 90814

(G0082) Code deleted 1998; use 90815

(G0083) Code deleted 1998; use 90816

(G0084) Code deleted 1998; use 90817

(G0085) Code deleted 1998; use 90818

(G0086) Code deleted 1998; use 90819

(G0087) Code deleted 1998; use 90821

(G0088) Code deleted 1998; use 90822

(G0089) Code deleted 1998; use 90823

(G0090) Code deleted 1998; use 90824

(G0091) Code deleted 1998; use 90826

(G0092) Code deleted 1998; use 90827

(G0093) Code deleted 1998; use 90828

(G0094) Code deleted 1998; use 90829

(G0100) Code deleted 1998; use 87536

G0101 Cervical or vaginal cancer screening; pelvic and clinical breast examination

G0102 Prostate cancer screening; digital rectal examination

G0103 Prostate cancer screening; prostate specific antigen test (PSA), total

G0104 Colorectal cancer screening; flexible sigmoidoscopy

G0105 colonoscopy on individual at high risk

G0106 alternative to G0104, screening sigmoidoscopy, barium enema

G0107 fecal-occult blood test, 1-3 simultaneous determinations

▲**G0108** Diabetes outpatient self-management training services, individual, per 30 minutes

▲**G0109** Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes

G0110 Nett pulm-rehab; education/skills training, individual

G0111 education/skills training, group

G0112 nutritional guidance, initial

G0113 nutritional guidance, subsequent

G0114 psychosocial consultation

G0115 psychological testing

G0116 psychosocial counseling

G0120 Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema

G0121 colonoscopy on individual not meeting criteria for high risk

G0122 barium enema

G0123 Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by cytotechnologist under physician supervision

G0124 requiring interpretation by physician

G0125 PET lung imaging of solitary pulmonary nodules, using 2-(fluorine-18)-fluoro-2-deoxy-d-glucose (FDG), following CT (71250/71260 or 71270);

G0126 initial staging of pathologically diagnosed non-small cell lung cancer

G0127 Trimming of dystrophic nails, any number

G0128 Direct (fact-to-face with patient) skilled nursing services of a registered nurse provided in a comprehensive outpatient rehabilitation facility, each 10 minutes beyond the first 5 minutes

G0129 Occupational therapy requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per day

G0130 Single energy X-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)

G0131 Computerized tomography bone mineral density study, one or more sites; axial skeleton (e.g., hips, pelvis, spine)

G0132 appendicular skeleton (peripheral) (e.g., radius, wrist, heel)

(G0133) Code deleted 1999; use 76977

G0141 Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician

G0143 Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening by cytotechnologist under physician supervision

G0144 with manual screening and computer-assisted rescreening by cytotechnologist under physician supervision

G0145 with manual screening and computer-assisted rescreening using cell selection and review under physician supervision

G0147 Screening cytopathology smears, cervical or vaginal; performed by automated system under physician supervision

G0148 performed by automated system with manual rescreening

G0151 Services of physical therapist in home or health setting, each 15 minutes

G0152 Services of occupational therapist in home health setting, each 15 minutes

G0153 Services of speech and language pathologist in home health setting, each 15 minutes

G0154 Services of skilled nurse in home health setting, each 15 minutes

G0155 Services of clinical social worker in home health setting, each 15 minutes

G0156 Services of home health aide in home health setting, each 15 minutes

(G0159) Code deleted 2001

(G0160) Code deleted 2001

(G0161) Code deleted 2001

G0163 Posterior emission tomography (PET), whole body, for recurrence of colorectal metastatic cancer

G0164 Positron emission tomography (PET), whole body, for staging and characterization of lymphoma

G0165 Positron emission tomography (PET), whole body, for recurrence of melanoma or melanoma metastatic cancer

G0166 External counterpulsation, per treatment session

G0167 Hyperbaric oxygen treatment not requiring physician attendance, per treatment session

G0168 Wound closure utilizing tissue adhesive(s) only

(G0169) Code deleted 2001

(G0170) Code deleted 2001

(G0171) Code deleted 2001

(G0172) Code deleted 2001; use G0177

● **G0173** Sterotactic radiosurgery, complete course of therapy in one session

● **G0174** [IMRT] Intensity modulated radiation therapy plan, per session

- **G0175** Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present

- **G0176** Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)

- **G0177** Training and education services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)

- **G0178** Intensity modulated radiation therapy (IMRT) delivery to multiple areas with treatment setup and verification images

- **G0179** Intensity modulated radiation therapy (IMRT) planning, includes dose volume histograms, inverse plan optimization, plan positional accuracy and dose verification

- **G0180** Physician certification services for Medicare-covered services provided by a participating home health agency (pateint not present), including review of initial or subsequent reports of patient status, review of patient's responses to the Oasis assessment instrument, contact with the home health agency to ascertain the initial implementation plan of care, and documentation in the patient's office record, per certification period

- **G0181** Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present), requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more

- **G0182** Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status,

review of laboratory and other studies, communication (including telephone calls) with other health care professinoals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more

● **G0183** Destruction of localized lesion of choroid (for example, choloroidal neovascularization); ocular photodynamic therapy (includes intravenous infusion)

● **G0184** Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, (for example by laser), one or more sessions

● **G0185** Destruction of localized lesion of choroid (for example, choroidal neovascularization); transpupillary thermotherapy (one or more sessions)

● **G0186** Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)

● **G0187** Destruction of macular drusen, photocoagulation (one or more sessions)

● **G0188** Full length radiography of lower extremity, which includes hip, knee and ankle

● **G0190** Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections); each additional vaccine (single or combination vaccine/toxoid)

● **G0191** Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections); each additional vaccine (single or combination vaccine/toxoid) list separately in addition to code for primary procedure

● **G0192** Intranasal or oral administration; one vaccine (single or combination vaccine/toxoid)

● **G0193** Endoscopic study of swallowing function (also fiberoptic endoscopic evaluation of swallowing (FEES)

- **G0194** Sensory testing during endoscopic study of swallowing (add on code) referred to as fiberoptic endoscopic evaluation of swallowing with sensory testing (FEEST)
- **G0195** Clinical evaluation of swallowing function (not involving interpretation of dynamic radiological studies or endoscopic study of swallowing)
- **G0196** Evaluation of swallowing involving swallowing of radio-opaque materials
- **G0197** Evaluation of patient for prescription of speech generating devices
- **G0198** Patient adaptation and training for use of speech generating devices
- **G0199** Re-evaluation of patient using speech generating devices
- **G0200** Evaluation of patient for prescription of voice prosthetic
- **G0201** Modification or training in use of voice prosthetic
- **G9001** Coordinated care fee; initial rate
- **G9002** maintenance rate
- **G9003** risk adjusted high, initial
- **G9004** risk adjusted low, initial
- **G9005** risk adjusted maintenance
- **G9006** home monitoring
- **G9007** scheduled team conference
- **G9008** physician coordinated care oversight services
- **G9016** Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [DEMO PROJECT CODE ONLY]

REHABILITATIVE SERVICES

Guidelines

The "H" codes are used to report services related to the assessment, screening, counseling and treatment of alcohol and/or drug addiction. The services may be provided in an outpatient or inpatient setting.

In addition to the information presented above, several other items unique to this section are defined or identified here:

1. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness for reimbusement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

2. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes.

Rehabilitative Services

- **H0001** Alcohol and/or drug assessment
- **H0002** Alcohol and/or drug screening to determine eligibility for admission to treatment program
- **H0003** Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs
- **H0004** Alcohol and/or drug services; individual counseling by a clinician
- **H0005** Alcohol and/or drug services; group counseling by a clinician
- **H0006** Alcohol and/or drug services; case management

- **H0007** Alcohol and/or drug services; crisis intervention (outpatient)
- **H0008** Alcohol and/or drug services; sub-acute detoxification (hospital inpatient)
- **H0009** Alcohol and/or drug services; acute detoxification (hospital inpatient)
- **H0010** Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)
- **H0011** Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
- **H0012** Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)
- **H0013** Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)
- **H0014** Alcohol and/or drug services; ambulatory detoxification
- **H0015** Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education
- **H0016** Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)
- **H0017** Alcohol and/or drug services; residential (hospital residential treatment program)
- **H0018** Alcohol and/or drug services; short-term residential (non-hospital residential treatment program)
- **H0019** Alcohol and/or drug services; long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days)
- **H0020** Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)
- **H0021** Alcohol and/or drug training service (for staff and personnel not employed by providers)

- **H0022** Alcohol and/or drug intervention service (planned facilitation)
- **H0023** Alcohol and/or drug outreach service (planned approach to reach a target population)
- **H0024** Alcohol and/or drug prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge or attitude)
- **H0025** Alcohol and/or drug prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)
- **H0026** Alcohol and/or drug prevention process services, community-based (delivery of services to develop skills of impactors)
- **H0027** Alcohol and/or drug prevention environmental services (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)
- **H0028** Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment
- **H0029** Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use, e.g. alcohol-free social events)
- **H0030** Alcohol and/or drug hotline service

DRUGS ADMINISTERED OTHER THAN ORAL METHOD

(EXCEPTION: ORAL IMMUNOSUPPRESSIVE DRUGS)

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **EXCEPTION:** Oral immunosuppressive drugs are not included in this section.

2. **ROUTE OF ADMINISTRATION:** Unless otherwise specified, the drugs listed in this section may be injected either subcutaneously, intramuscularly or intravenously.

3. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the DRUGS ADMINISTERED OTHER THAN ORAL METHOD section that have "notes" are as follows:

Subsection	Code Numbers
Drugs administered other than oral method	J0000-J8999
Immunosuppressive drugs	J7500-J7506
Chemotherapy drugs	J9000-J9999

4. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for DRUGS ADMINISTERED OTHER THAN ORAL METHOD are as follows:

J3490 Unclassified drugs
J9999 Not otherwise classified, antineoplastic drugs

5. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

6. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with DRUGS ADMINISTERED OTHER THAN ORAL METHOD are as follows:

-AA Anesthesia services performed personally by anesthesiologist

-AB Medical direction of own employee(s) by anesthesiologist (not more than four employees)

-AC Medical direction of other than own employees by anesthesiologist (not more than four individuals)

-AD Medical supervision by a physician: more than four concurrent anesthesia procedures.

-AE Direction of residents in furnishing not more than two concurrent anesthesia services — attending physician relationship met

-AF Anesthesia complicated by total body hypothermia

-AG Anesthesia for emergency surgery on a patient who is moribund or who has an incapacitating systemic disease that is a constant threat to life (may warrant additional charge)

NOTE: The anesthesia modifiers above are more appropriately used in conjunction with CPT codes 00100-01999.

-CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

-QB Physician providing service in a rural HPSA

-QU Physician providing service in an urban HPSA

-TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier -TC to the usual procedure code. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers bill only for the technical component and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.

7. **CPT CODE CROSS-REFERENCE:** Unless otherwise specified, the equivalent CPT codes for all listings in this section fall within the range 90701-90799.

Drugs Administered Other Than Oral Method

The following list of drugs can be injected either subcutaneous, intramuscular, or intravenous. The brand name(s) of the drugs has been included as bold-type in brackets [ ] wherever possible.

NOTE: Third party payers may wish to determine a threshold and pay up to a certain dollar limit before developing for the drug. Use procedure code J0110 for processing these cases.

(J0110) Code deleted 1996; see 90782

J0120 Injection, tetracycline, up to 250 mg

J0130 Injection abciximab, 10 mg

J0150 Injection, adenosine, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)

J0151 Injection, adenosine, 90 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)

J0170 Injection, adrenalin, epinephrine, up to 1 ml ampul

J0190 Injection, biperiden lactate, per 5 mg

J0200 Injection, alatrofloxacin mesylate, 100 mg

J0205 Injection, alglucerase, per 10 units

J0207 Injection, amifostine, 500 mg

J0210 Injection, methyldopate HCl, [Aldomet], up to 250 mg

(J0220) Code deleted 1995

(J0230) Code deleted 1995

(J0240) Code deleted 1995

J0256 Injection, alpha 1—proteinase inhibitor—human, 10 mg

J0270 Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)

J0275 Alprostadil urethral suppository (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)

J0280 Injection, aminophylline, up to 250 mg

● **J0282** Injection, amiodarone hydrochloride, 30 mg

J0285 Injection, amphotericin B, 50 mg

J0286 Injection, amphotericin B, any lipid formulation, 50 mg

J0290 Injection, ampicillin sodium, 500 mg

J0295 Injection, ampicillin sodium/sulbactam sodium, per 1.5 gram

J0300 Injection, amobarbital, up to 125 mg

J0330 Injection, succinylcholine chloride, [Anectine], up to 20 mg

J0340 Injection, nandrolone phenpropionate, up to 50 mg

J0350 Injection, anistreplase, per 30 units

J0360 Injection, hydralazine HCl, [Apresoline], up to 20 mg

J0380 Injection, metaraminol bitartrate, per 10 mg

J0390 Injection, chloroquine HCl, [Aralen HCl], up to 250 mg

J0395 Injection, arbutamine HCl, 1 mg

J0400 Injection, trimethaphan camsylate, up to 500 mg

J0456 Injection, azithromycin, 500 mg

J0460 Injection, atropine sulfate, up to 0.3 mg

J0470 Injection, dimercaprol, per 100 mg

J0475 Injection, baclofen, 10 mg

J0476 Injection, baclofen, 50 mcg for intrathecal trial

J0500 Injection, dicyclomine HCl, [Bentyl, Spasmoject], up to 20 mg

J0510 Injection, benzquinamide HCl, up to 50 mg

J0515 Injection, benztropine mesylate, [Cogentin], per 1 mg

J0520 Injection, bethanechol chloride, myotonachol or urecholine, up to 5 mg

J0530 Injection, penicillin G benzathine and penicillin G procaine, [Bicillin C-R]; up to 600,000 units

J0540 up to 1,200,000 units

J0550 up to 2,400,000 units

J0560 Injection, penicillin G benzathine, [Bicillin long-acting]; up to 600,000 units

J0570 up to 1,200,000 units

J0580 up to 2,400,000 units

J0585 Botulinum toxin type A, per unit

J0590 Injection, ethylnorepinephrine HCl, [Bronkephrine HCl], 1 ml

J0600 Injection, edetate calcium disodium, [calcium disodium versenate], up to 1,000 mg

J0610 Injection, calcium gluconate, per 10 ml

J0620 Injection, calcium glycerophosphate and calcium lactate, per 10 ml

J0630 Injection, calcitonin salmon, up to 400 units

J0635 Injection, calcitriol, [Calcijex] 1 mcg amp.

J0640 Injection, leucovorin calcium, per 50 mg

J0670 Injection, mepivacaine HCl, [Carbocaine], per 10 ml

(J0680) Code deleted 1996

J0690 Injection, cefazolin sodium, 500 mg

J0694 Injection, cefoxitin sodium, [Mefoxin], 1 gram

J0695 Injection, cefonocid sodium, [Monocid], 1 gram

J0696 Injection, ceftriaxone sodium, [Rocephin], per 250 mg

J0697 Injection sterile cefuroxime sodium, [Ceftin, Kefurox, Zihacef injection], per 750 mg

J0698 Cefotaxime sodium, [Claforan], per gram

(J0700) Code deleted 1995

J0702 Injection, betamethasone acetate and betamethasone sodium phosphate, per 3 mg

J0704 Injection, betamethasone sodium phosphate, per 4 mg

J0710 Injection, cephapirin sodium, [Cefadyl], up to 1 gram

J0713 Injection, ceftazidime, per 500 mg

J0715 Injection, ceftizoxime sodium, per 500 mg

J0720 Injection, chloramphenicol sodium succinate, [Chloromycetin Sodium Succinate], up to 1 gram

J0725 Injection, chorionic gonadotropin, per 1,000 USP units

J0730 Injection, chlorpheniramine maleate, [ChlorTrimeton], per 10 mg

J0735 Injection, clonidine hydrochloride, 1 mg

J0740 Injection, cidofovir, 375 mg

J0743 Injection, cilastatin sodium/imipenem, [Primaxin], per 250 mg

J0745 Injection, codeine phosphate, per 30 mg

J0760 Injection, colchicine, per 1 mg

J0770 Injection, colistimethate sodium, [Coly-Mycin M], up to 150 mg

J0780 Injection, prochlorperazine, [Compazine], up to 10 mg

(J0790) Code deleted 1995

J0800 Injection, corticotropin, up to 40 units

J0810 Injection, cortisone, up to 50 mg

(J0820) Code deleted 1996

(J0830) Code deleted 1995

J0835 Injection, cosyntropin, per 0.25 mg

(J0840) Code deleted 1995

J0850 Injection, cytomegalovirus immune globulin intravenous (human), per vial

▲**J0895** Injection, deferoxamine mesylate, [Desferal] 500 mg

J0900 Injection, testosterone enanthate and estradiol valerate, up to 1 cc

J0945 Injection, brompheniramine maleate, per 10 mg

J0970 Injection, estradiol valerate, up to 40 mg

J1000	Injection, depo-estradiol cypionate, up to 5 mg
J1020	Injection, methylprednisolone acetate; 20 mg
J1030	40 mg
J1040	80 mg
J1050	Injection, medroxyprogesterone acetate, [Depo-Provera, Prempro], 100 mg
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg
J1060	Injection, testosterone cypionate and estradiol cypionate, up to 1 ml
J1070	Injection, testosterone cypionate, up to 100 mg
J1080	Injection, testosterone cypionate, 1 cc, 200 mg
J1090	Injection, testosterone cypionate, 1 cc, 50 mg
J1095	Injection, dexamethasone acetate, per 8 mg
▲**J1100**	Injection, dexamethasone sodium phosphate, 1mg
J1110	Injection, dihydroergotamine mesylate, per 1 mg
J1120	Injection, acetazolamide sodium, [Diamox Sodium], up to 500 mg
(**J1155**)	Code deleted 1995
J1160	Injection, digoxin, up to 0.5 mg
J1165	Injection, phenytoin sodium, [Dilantin], per 50 mg
J1170	Injection, hydromorphone, up to 4 mg
J1180	Injection, dyphylline, [Dilor, Lufyllin], up to 500 mg
J1190	Injection, dexrazoxane hydrochloride, per 250 mg
J1200	Injection, diphenhydramine HCl, [Benadryl], up to 50 mg
J1205	Injection, chlorothiazide sodium [Diuril], per 500 mg

J1212 Injection, DMSO, dimethyl sulfoxide, 50%, 50 ml

J1230 Injection, methadone HCl, [Dolophine HCl], up to 10 mg

J1240 Injection, dimenhydrinate, [Dramamine], up to 50 mg

J1245 Injection, dipyridamole, per 10 mg

J1250 Injection, dobutamine hydrochloride, per 250 mg

J1260 Injection, dolasetron mesylate, 10 mg

J1320 Injection, amitriptyline HCl, [Elavil HCl], up to 20 mg

J1325 Injection, epoprostenol, 0.5 mg

J1327 Injection, eptifibatide, 5 mg

J1330 Injection, ergonovine maleate, up to 0.2 mg

(J1340) Code deleted 1996

(J1350) Code deleted 1995

(J1360) Code deleted 1995

J1362 Injection, erythromycin gluceptate, per 250 mg

J1364 Injection, erythromycin lactobionate, per 500 mg

J1380 Injection, estradiol valerate, up to 10 mg

J1390 Injection, estradiol valerate, up to 20 mg

J1410 Injection, estrogen conjugated, per 25 mg

J1435 Injection, estrone, per 1 mg

J1436 Injection, etidronate disodium per 300 mg

J1438 Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)

J1440 Injection, filgrastim (G-CSF); 300 mcg

J1441 480 mcg

J1450 Injection, fluconazole, 200 mg

● **J1452** Injection, fomivirsen sodium, intraocular, 1.65 mg

J1455 Injection, foscarnet sodium, [Foscavir], per 1000 mg

J1460 Injection, gamma globulin; intramuscular 1 cc

J1470 intramuscular 2 cc

J1480 intramuscular 3 cc

J1490 intramuscular 4 cc

J1500 intramuscular 5 cc

J1510 intramuscular 6 cc

J1520 intramuscular 7 cc

J1530 intramuscular 8 cc

J1540 intramuscular 9 cc

J1550 intramuscular 10 cc

J1560 intramuscular over 10 cc

J1561 Injection, immune globulin; intravenous, 500 mg

(J1562) Code deleted 2001

● **J1563** Injection, immune globulin, intravenous, 1 gram

J1565 Injection, respiratory syncytial virus immune globulin, intravenous, 50 mg

J1570 Injection, ganciclovir sodium, [Cytovene], 500 mg

J1580 Injection, garamycin, gentamicin, up to 80 mg

J1600 Injection, gold sodium thiomalate, up to 50 mg

J1610 Injection, glucagon hydrochloride, per 1 mg

J1620 Injection, gonadorelin hydrochloride, per 100 mcg

(J1625) Code deleted 1998

J1626 Injection, granisetron hydrochloride, 100 mcg

J1630 Injection, haloperidol, up to 5 mg

J1631 Injection, haloperidol decanoate, per 50 mg

(J1640) Code deleted 1995

J1642 Injection, heparin sodium, (heparin lock flush), per 10 units

J1644 Injection, heparin sodium, per 1,000 units

J1645 Injection, dalteparin sodium, per 2500 IU

J1650 Injection, enoxaparin sodium, 10 mg

J1670 Injection, tetanus immune globulin, human, up to 250 units

J1690 Injection, prednisolone tebutate, [Hydreltra-T.B.A.], up to 20 mg

J1700 Injection, hydrocortisone acetate, [Analpram HC, Hydrocortone Acetate], up to 25 mg

J1710 Injection, hydrocortisone sodium phosphate, [Hydrocortone Phosphate], up to 50 mg

J1720 Injection, hydrocortisone sodium succinate, [Solu-Cortef], up to 100 mg

J1730 Injection, diazoxide, [Hyperstat], up to 300 mg

J1739 Injection, hydroxyprogesterone caproate; 125 mg/ml

J1741 250 mg/ml

J1742 Injection, ibutilide fumarate, 1 mg

J1745 Injection, infliximab, 10 mg

J1750 Injection, iron dextran, 50 mg

(J1760) Code deleted 2000; use J1750

(J1770) Code deleted 2000; use J1750

(J1780) Code deleted 2000; use J1750

J1785 Injection, imiglucerase, per unit

J1790 Injection, droperidol, [Inapsine], up to 5 mg

J1800 Injection, propranolol HCl, [Inderal], up to 1 mg

J1810 Injection, droperidol and fentanyl citrate, [Innovar], up to 2 ml ampule

J1820 Injection, insulin, up to 100 units

J1825 Injection, interferon beta-1a, 33 mcg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)

J1830 Injection, interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)

J1840 Injection, kanamycin sulfate, [Kantrex], up to 500 mg

J1850 Injection, kanamycin sulfate, [Kantrex Pediatric], up to 75 mg

J1885 Injection, ketorolac tromethamine, [Toradol IM], per 15 mg

J1890 Injection, cephalothin sodium, [Keflin], up to 1 gram

J1910 Injection, kutapressin, up to 2 ml

J1930 Injection, propiomazine HCl, up to 20 mg

J1940 Injection, furosemide, [Lasix], up to 20 mg

J1950 Injection, leuprolide acetate (for depot suspension), per 3.75 mg

J1955 Injection, levocarnitine, per 1 gram

J1956 Injection, levofloxacin, 250 mg

J1960 Injection, levorphanal tartrate, up to 2 mg

J1970 Injection, methotrimeprazine, [Levoprome], up to 20 mg

J1980 Injection, hyoscyamine sulfate, [Levsin], up to 0.25 mg

J1990 Injection, chlordiazepoxide HCl, [Librium], up to 100 mg

J2000 Injection, lidocaine HCl, 50 cc

J2010 Injection, lincomycin HCl, up to 300 mg

(J2050) Code deleted 1997

J2060 Injection, lorazepam, [Ativan], 2 mg

(J2100) Code deleted 1996; see J2560

J2150 Injection, mannitol, 25% in 50 ml

(J2160) Code deleted 1995

J2175 Injection, meperidine HCl, per 100 mg

J2180 Injection, meperidine and promethazine HCl, [Mepergan], up to 50 mg

(J2190) Code deleted 1996

J2210 Injection, methylergonovine maleate, [Methergine Maleate], up to 0.2 mg

J2240 Injection, metocurine iodide, [Metubine Iodine], up to 2 mg

J2250 Injection, midazolam hydrochloride, per 1 mg

▲**J2260** Injection, milrinone lactate, 5 mg

J2270 Injection, morphine sulfate, up to 10 mg

J2271 Injection, morphine sulfate, 100 mg

J2275 Injection, morphine sulfate (preservative-free sterile solution), per 10 mg

J2300 Injection, nalbuphine HCl, per 10 mg

J2310 Injection, naloxone hydrochloride, per 1 mg

J2320 Injection, nandrolone deconoate; up to 50 mg

J2321 up to 100 mg

J2322 up to 200 mg

J2330 Injection, thiothixene, [Navane], up to 4 mg

J2350 Injection, niacinamide, niacin, up to 100 mg

J2352 Injection, octreotide acetate, 1 mg

J2355 Injection, oprelvekin, 5 mg

J2360 Injection, orphenadrine citrate, [Norflex, Norgesic], up to 60 mg

J2370 Injection, phenylephrine HCl, [Neo-Synephrine], up to 1 ml

J2400 Injection, chloroprocaine HCl [Nesacaine and Nesacaine-MPF], per 30 ml

J2405 Injection, ondansetron hydrochloride, per 1 mg

J2410 Injection, oxymorphone HCl [Numorphan], up to 1 mg

J2430 Injection, pamidronate disodium, per 30 mg

J2440 Injection, papaverine HCl, up to 60 mg

J2460 Injection, oxytetracycline HCl, up to 50 mg

J2480 Injection, hydrochlorides of opium alkaloids, up to 20 mg

(J2490) Code deleted 1995

(J2495) Code deleted 1996

J2500 Injection, paricalcitol, 5 mcg

J2510 Injection, penicillin g procaine, aqueous, up to 600,000 units

J2512 Injection, pentagastrin, per 2 ml

J2515 Injection, pentobarbital sodium, per 50 mg

(J2520) Code deleted 1995

J2540 Injection, penicillin G potassium, [Pfizerpen], up to 600,000 units

▲**J2543** Injection, piperacillin sodium/tazobactam sodium, 1gram/0.125 grams (1.125 grams)

J2545 Pentamidine isethionate, inhalation solution, per 300 mg, administered through a DME

J2550 Injection, promethazine HCl, [Phenergan], up to 50 mg

J2560 Injection, phenobarbital sodium, [Phenobarbital], up to 120 mg

J2590 Injection, oxytocin, [Pitocin], up to 10 units

(J2595) Code deleted 1995

J2597 Injection, desmopressin acetate, per 1 mcg

(J2600) Code deleted 1995

J2640 Injection, prednisolone sodium phosphate, up to 20 mg

J2650 Injection, prednisolone acetate, up to 1 ml

J2670 Injection, tolazoline HCl, [Priscoline HCl], up to 25 mg

(J2672) Code deleted 1995

J2675 Injection, progesterone, per 50 mg

J2680 Injection, fluphenazine deconoate, [Prolixin Deconoate], up to 25 mg

J2690 Injection, procainamide HCl, [Proenstyl], up to 1 gram

J2700 Injection, oxacillin sodium, [Prostaphlin], up to 250 mg

J2710 Injection, neostigmine methylsulfate, [Prostigmin Methylsulfate], up to 0.5 mg

J2720 Injection, protamine sulfate, per 10 mg

J2725 Injection, protirelin, per 250 mcg

J2730 Injection, pralidoxime chloride, [Protopam Chloride], up to 1 gram

J2760 Injection, phentolamine mesylate, [Regitine], up to 5 mg

J2765 Injection, metoclopramide HCl [Reglan], up to 10 mg

● **J2770** Injection, quinupristin/dalfopristin, 500 mg (150/350)

J2780 Injection, ranitidine hydrochloride, 25 mg

J2790 Injection, RHo(D) immune globulin, human, [Rhogam], one dose package

J2792 Injection, RHo(D) immune globulin, intravenous, human, solvent detergent, 100 IU

● **J2795** Injection, ropivacaine hydrochloride, 1 mg

J2800 Injection, methocarbamol, [Robaxin], up to 10 ml

J2810 Injection, theophylline, per 40 mg

J2820 Injection, sargramostim (GM-CSF), 50 mcg

(J2825) Code deleted 1995

J2860 Injection, secobarbital sodium, [Seconal Sodium], up to 250 mg

J2910 Injection, aurothioglucose, [Solganal], up to 50 mg

J2912 Injection, sodium chloride, 0.9%, per 2 ml

(J2914) Code deleted 1996

● **J2915** Injection, sodium ferric gluconate complex in sucrose injection, 62.5 mg

	J2920	Injection, methylprednisolone sodium succinate, [Solu-Medrol], up to 40 mg
	J2930	Injection, methylprednisolone sodium succinate, [Solu-Medrol], up to 125 mg
	J2950	Injection, promazine HCl, [Prozine, Sparine], up to 25 mg
	J2970	Injection, methicillin sodium, [Staphcillin], up to 1 gram
●	**J2993**	Injection, reteplase, 18.8 mg
	(J2994)	Code deleted 2001
	J2995	Injection, streptokinase, per 250,000 IU
	(J2996)	Code deleted 2001
●	**J2997**	Injection, alteplase recombinant, 1 mg
	J3000	Injection, streptomycin, up to 1 gram
	(J3005)	Code deleted 1998; use A9600
▲	**J3010**	Injection, fentanyl citrate, 0.1 mg
	J3030	Injection, sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
	(J3050)	Code deleted 1995
	J3070	Injection, pentazocine HCl, [Talwin], up to 30 mg
	J3080	Injection, chlorprothixene, up to 50 mg
	J3105	Terbutaline sulfate, up to 1 mg
	J3120	Injection, testosterone enanthate; up to 100 mg
	J3130	up to 200 mg
	J3140	Injection, testosterone suspension, up to 50 mg
	J3150	Injection, testosterone propionate, up to 100 mg

(J3180) Code deleted 1995

J3230 Injection, chlorpromazine HCl, [Thorazine], up to 50 mg

J3240 Injection, thyrotropin alfa, 0.9 mg

J3245 Injection, tirofiban hydrochloride, 12.5 mg

J3250 Injection, trimethobenzamide HCl, up to 200 mg

J3260 Injection, tobramycin sulfate, [Nebcin], up to 80 mg

J3265 Injection, torsemide, 10 mg/ml

J3270 Injection, imipramine HCl, up to 25 mg

J3280 Injection, thiethylperazine maleate, up to 10 mg

J3301 Injection, triamcinolone acetonide, [Kenalog], per 10 mg

J3302 Injection, triamcinolone diacetate, [Aristocort], per 5 mg

J3303 Injection, triamcinolone hexacetonide, [Aristospan], per 5 mg

J3305 Injection, trimetrexate glucoronate, per 25 mg

J3310 Injection, perphenazine, [Trilafon], up to 5 mg

J3320 Injection, spectinomycin hydrochloride, [Trobicin], up to 2 gram

(J3340) Code deleted 1996

J3350 Injection, urea, [Ureaphil], up to 40 grams

J3360 Injection, diazepam, [Valium], up to 5 mg

J3364 Injection, urokinase, 5000 IU vial

J3365 Injection, IV, urokinase, 250,000 IU vial

J3370 Injection, vancomycin HCl, 500 mg

(J3380) Code deleted 1996

J3390 Injection, methoxamine HCl, [Vasoxyl], up to 20 mg

J3400 Injection, triflupromazine HCl, [Vesprin], up to 20 mg

J3410 Injection, hydroxyzine HCl, [Vistaril], up to 25 mg

J3420 Injection, vitamin B-12 cyanocobalamin, up to 1000 mcg

J3430 Injection, phytonadione (vitamin K), per 1 mg

J3450 Injection, mephentermine sulfate, [Wyamine], up to 30 mg

J3470 Injection, hyaluronidase, [Wydase], up to 150 units

J3475 Injection, magnesium sulfate, per 500 mg

J3480 Injection, potassium chloride, per 2 mEq

● **J3485** Injection, zidovudine, 10 mg

J3490 Unclassified drugs

(J3500) Code deleted 1996

J3520 Edetate disodium, per 150 mg

J3530 Nasal vaccine inhalation

J3535 Drug administered through a metered dose inhaler

(J3540) Code deleted 1996

(J3550) Code deleted 1996

(J3560) Code deleted 1996

J3570 Laetrile, amygdalin, vitamin B17

IMMUNIZATION INJECTIONS

(J6015) Code deleted 1996; see 90749

MISCELLANEOUS DRUGS AND SOLUTIONS

(J7010) Code deleted 1995.

(J7020) Code deleted 1995.

J7030 Infusion, normal saline solution, 1000 cc

J7040	Infusion, normal saline solution, sterile (500 ml = 1 unit)
J7042	5% dextrose/normal saline solution (500 ml = 1 unit)
J7050	Infusion, normal saline solution, 250 cc
J7051	Sterile saline or water, up to 5 cc
J7060	5% dextrose/water (500 ml = 1 unit)
J7070	Infusion, D5W, 1000 cc
(J7080)	Code deleted 1996
(J7090)	Code deleted 1996
J7100	Infusion, dextran 40, 500 ml
J7110	Infusion, dextran 75, 500 ml
J7120	Ringers lactate infusion, up to 1000 cc
J7130	Hypertonic saline solution, 50 or 100 mEq, 20 cc vial
(J7140)	Code deleted 1997
(J7150)	Code deleted 1997
J7190	Factor VIII (antihemophilic factor, human), per IU
J7191	Factor VIII (antihemophilic factor (porcine)), per IU
J7192	Factor VIII (antihemophilic factor, recombinant), per IU
J7194	Factor IX, complex, per IU
(J7196)	Code deleted 2001
J7197	Antithrombin III (human), per IU
J7198	Anti-inhibitor, per IU
J7199	Hemophilia clotting factor, not otherwise classified
J7300	Intrauterine copper contraceptive
J7310	Ganciclovir, 4.5 mg, long-acting implant

J7315 Sodium hyaluronate, 20 mg, for intra articular injection

J7320 Hylan G-F 20, 16 mg, for intra articular injection

● J7330 Autologous cultured chondrocytes, implant

IMMUNOSUPPRESSIVE DRUGS (INCLUDES NON-INJECTIBLES)

J7500 Azathioprine, oral, 50 mg

J7501 Azathioprine, parenteral, 100 mg

J7502) Cyclosporine, oral, 100 mg (Reissued in 2000)

(J7503) Code deleted 2000; use J7516

J7504 Lymphocyte immune globulin, antithymocyte globulin, parenteral, 250 mg

▲ J7505 muromonab-CD3, parenteral, 5 mg

J7506 Prednisone, oral, per 5 mg

J7507 Tacrolimus, oral; per 1 mg

J7508 per 5 mg

J7509 Methylprednisolone, oral, per 4 mg

J7510 Prednisolone, oral, per 5 mg

J7513 Daclizumab, parenteral, 25 mg

J7515 Cyclosporine, oral, 25 mg

J7516 Cyclosporine, parenteral, 250 mg

J7517 Mycophenolate mofetil, oral, 250 mg

● J7520 Sirolimus, oral, 1 mg

● J7525 Tacrolimus, parenteral, 5 mg

J7599 Immunosuppressive drug, not otherwise classified

J7608 Acetylcysteine, inhalation solution administered through DME, unit dose form, per gram

(J7610) Code deleted 2001

(J7615) Code deleted 2001

▲**J7618** Albuterol, all formulations inlcuding separated isomers, inhalation solution administered through DME, concentrated form, per 1 mg

▲**J7619** Albuterol, all formulations including separated isomers, inhalation solution administered through DME, unit dose form, per 1 mg

(J7620) Code deleted 2001

(J7625) Code deleted 2001

(J7627) Code deleted 2001

J7628 Bitolterol mesylate, inhalation solution administered through DME, concentrated form, per mg

J7629 Bitolterol mesylate, inhalation solution administered through DME, unit dose form, per mg

(J7630) Code deleted 2001

J7631 Cromolyn sodium, inhalation solution administered through DME, unit dose form, per 10 mg

J7635 Atropine, inhalation solution administered through DME, concentrated form, per mg

J7636 Atropine, inhalation solution administered through DME, unit dose form, per mg

J7637 Dexamethasone, inhalation solution administered through DME, concentrated form, per mg

J7638 Dexamethasone, inhalation solution administered through DME, unit dose form, per mg

J7639 Dornase alpha, inhalation solution administered through DME, unit dose form, per mg

(J7640) Code deleted 2001

J7642 Glycopyrrolate, inhalation solution administered through DME, concentrated form, per mg

J7643 Glycopyrrolate, inhalation solution administered through DME, unit dose form, per mg

J7644 Ipratropium bromide, inhalation solution administered through DME, unit dose form, per mg

(J7645) Code deleted 2001

J7648 Isoetharine HCl, inhalation solution administered through DME, concentrated form, per mg

J7649 Isoetharine HCl, inhalation solution administered through DME, unit dose form, per mg

(J7650) Code deleted 2001

(J7651) Code deleted 2001

(J7652) Code deleted 2001

(J7653) Code deleted 2001

(J7654)) Code deleted 2001

(J7655) Code deleted 2001

J7658 Isoproterenol HCl, inhalation solution administered through DME, concentrated form, per mg

J7659 Isoproterenol HCl, inhalation solution administered through DME, unit dose form, per mg

(J7660) Code deleted 2001

(J7665) Code deleted 2001

J7668 Metaproterenol sulfate, inhalation solution administered through DME, concentrated form, per 10 mg

J7669 Metaproterenol sulfate, inhalation solution administered through DME, unit dose form, per 10 mg

(J7670) Code deleted 2001

(J7672) Code deleted 2001

(J7675) Code deleted 2001

J7680 Terbutaline sulfate, inhalation solution administered through DME, concentrated form, per mg

J7681 Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per mg

J7682 Tobramycin, unit dose form, 300 mg, inhalation solution, administered through DME

J7683 Triamcinolone, inhalation solution administered through DME, concentrated form, per mg

J7684 Triamcinolone, inhalation solution administered through DME, unit dose form, per mg

J7699 NOC drugs, inhalation solution administered through DME

J7799 NOC drugs, other than inhalation drugs, administered through DME

J8499 Prescription drug, oral, non-chemotherapeutic, NOS

J8510 Busulfan, oral, 2 mg

J8520 Capecitabine, oral, 150 mg

J8521 Capecitabine, oral, 500 mg

J8530 Cyclophosphamide, oral, 25 mg

J8560 Etoposide, oral, 50 mg

J8600 Melphalan, oral, 2 mg

J8610 Methotrexate, oral, 2.5 mg

● **J8700** Temozolmide, oral, 5 mg

J8999 Prescription drug, oral, chemotherapeutic, NOS

CHEMOTHERAPY DRUGS

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **EXCEPTION:** Oral immunosuppressive drugs are not included in this section.

2. **ROUTE OF ADMINISTRATION:** Unless otherwise specified, the drugs listed in this section may be injected either subcutaneously, intramuscularly or intravenously.

3. **DRUG COST ONLY:** The codes listed in this section include the cost of the chemotherapy drug only and do not include the administration of the drug.

4. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the CHEMOTHERAPY DRUGS section that have "notes" are as follows:

Subsection	Code Numbers
Chemotherapy drugs	J9000-J9999

5. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for CHEMOTHERAPY DRUGS are as follows:

J9999	Not otherwise classified, antineoplastic drugs

6. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

7. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with CHEMOTHERAPY DRUGS are as follows:

   -CC Procedure code change (used when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

   -QB Physician providing service in a rural HPSA

   -QU Physician providing service in an urban HPSA

   -TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under these circumstances, the technical component charge is identified by adding the modifier -TC to the usual procedure code. Technical component charges are institutional charges and are not billed separately by physicians. Portable x-ray suppliers bill only for the technical component however, and should use modifier -TC.

8. **CPT CODE CROSS-REFERENCE:** Unless otherwise specified, the equivalent CPT code for all listings in this section is 96545.

Chemotherapy Drugs

J9000 Doxorubicin HCl, [Adriamycin], 10 mg

J9001 Doxorubicin HCl, all lipid formulations, 10 mg

(J9010) Code deleted 1997

J9015 Aldesleukin, per single use vial

J9020 Asparaginase, 10,000 units

J9031	BCG (intravesical), per installation
J9040	Bleomycin sulfate, [Blenoxane], 15 units
J9045	Carboplatin, [Paraplatin], 50 mg
J9050	Carmustine, [BiCNU], 100 mg
J9060	Cisplatin, [Platinol], powder or solution, per 10 mg
J9062	Cisplatin, 50 mg
J9065	Injection, cladribine, [Leustatin], per 1 mg
J9070	Cyclophosphamide, [Cytoxan]; 100 mg
J9080	200 mg
J9090	500 mg
J9091	1.0 gram
J9092	2.0 gram
J9093	Cyclophosphamide, lyophilized, [Lyophilized Cytoxan]; 100 mg
J9094	200 mg
J9095	500 mg
J9096	1.0 gram
J9097	2.0 gram
J9100	Cytarabine, [Cytarabine Hydrochloride]; 100 mg
J9110	500 mg
J9120	Dactinomycin, 0.5 mg
J9130	Dacarbazine, 100 mg
J9140	200 mg
J9150	Daunorubicin, 10 mg

	J9151	Daunorubicin citrate, liposomal formulation, 10 mg
●	J9160	Denileukin diftitox, 300 mcg
	J9165	Injection diethylstilbestrol diphosphate, [Stilphostrol], 250 mg
	J9170	Docetaxel, 20 mg
●	J9180	Epirubicin hydrochloride, 50 mg
	J9181	Etoposide, [VePesid]; 10 mg
	J9182	100 mg
	J9185	Fludarabine phosphate, 50 mg
	J9190	Fluorouracil, 500 mg
	J9200	Floxuridine, 500 mg
	J9201	Gemcitabine HCl, 200 mg
	J9202	Goserelin acetate implant, [Zoladex], per 3.6 mg
	J9206	Irinotecan, 20 mg
	J9208	Ifosfomide, 1 gram
	J9209	Mesna, [Mesnex], 200 mg
	J9211	Idarubicin hydrochloride, 5 mg
	J9212	Injection, interferon alfacon-1, recombinant, 1 mcg
	J9213	Interferon, alfa-2A, recombinant, 3 million units
	J9214	Interferon, alfa-2B, recombinant, 1 million units
	J9215	Interferon, alfa-N3, (human leukocyte derived), 250,000 IU
	J9216	Interferon, gamma 1-B, 3 million units
	J9217	Leuprolide acetate, [Lupron Depot], for depot suspension, 7.5 mg

J9218	Leuprolide acetate, [Lupron], per 1 mg
● **J9219**	Leuprolide acetate implant, 65 mg
J9230	Mechlorethamine HCl, (nitrogen mustard), [Mustargen], 10 mg
J9245	Injection, melphalan HCl, 50 mg
J9250	Methotrexate sodium; 5 mg
J9260	50 mg
J9265	Paclitaxel, 30 mg
J9266	Pegaspargase, per single dose vial
J9268	Pentostatin, per 10 mg
J9270	Plicamycin, [Mithracin], 2.5 mg
J9280	Mitomycin; 5 mg
J9290	20 mg
J9291	40 mg
J9293	Injection, mitoxantrone HCl, per 5 mg
(J9295)	Code deleted 1996
J9310	Rituximab, 100 mg
J9320	Streptozocin, 1 gram
J9340	Thiotepa, 15 mg
J9350	Topotecan, 4 mg
J9355	Trastuzumab, 10 mg
J9357	Valrubicin, intravesical, 200 mg
J9360	Vinblastine sulfate, [Velban], 1 mg
J9370	Vincristine sulfate, [Oncovin]; 1 mg

J9375 2 mg

J9380 5 mg

J9390 Vinorelbine tartrate, per 10 mg

J9600 Porfimer sodium, [Photofrin], 75 mg

J9999 Not otherwise classified, antineoplastic drugs

K CODES: FOR DMERCS USE ONLY

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **EXCLUSIVE USE BY DMERCS:** The codes listed in this section are assigned by HCFA on a temporary basis and are for the exclusive use of the Durable Medical Equipment Regional Carriers (DMERCs). These codes are not to be used by providers for reporting purposes unless specifically instructed to do so by the local carrier.

2. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for TEMPORARY CODES FOR DMERCS are as follows:

   K0117 Unlisted item, orthotic seating, back module

3. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

4. **CPT CODE CROSS-REFERENCE:** Unless otherwise specified, the equivalent CPT code for all listings in this section is 99070.

Temporary Codes for DMERCS

WHEELCHAIRS

K0001 Standard wheelchair

K0002 Standard hemi (low seat) wheelchair

K0003 Lightweight wheelchair

K0004 High strength, lightweight wheelchair

K0005 Ultralightweight wheelchair

K0006 Heavy duty wheelchair

K0007 Extra heavy duty wheelchair

K0008 Custom manual wheelchair/base

K0009 Other manual wheelchair/base

K0010 Standard - weight frame motorized/power wheelchair

K0011 Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking

K0012 Lightweight portable motorized/power wheelchair

K0013 Custom motorized/power wheelchair base

K0014 Other motorized/power wheelchair base

K0015 Detachable, non-adjustable height armrest, each

K0016 Detachable, adjustable height armrest; complete assembly, each

K0017 base, each

K0018 upper portion each

K0019 Arm pad, each

K0020 Fixed, adjustable height armrest, pair

K0021 Anti-tipping device, each

K0022 Reinforced back upholstery

K0023	Solid back insert, planar back, single density foam; attached with straps
K0024	with adjustable hook-on hardware
K0025	Hook-on headrest extension
K0026	Back upholstery for ultralightweight or high strength lightweight wheelchair
K0027	Back upholstery for wheelchair type other than ultralightweight or high strength lightweight wheelchair
K0028	Manual, fully reclining back
K0029	Reinforced seat upholstery
K0030	Solid seat insert, planar seat, single density foam
K0031	Safety belt/pelvic strap, each
K0032	Seat upholstery for ultralightweight or high strength lightweight wheelchair
K0033	Seat upholstery for wheelchair type other than ultralightweight or high strength lightweight wheelchair
K0034	Heel loop, each
K0035	Heel loop with ankle strap, each
K0036	Toe loop, each
K0037	High mount flip-up footrest, each
K0038	Leg strap, each
K0039	Leg strap, H style, each
K0040	Adjustable angle footplate, each
K0041	Large size footplate, each
K0042	Standard size footplate, each
K0043	Footrest, lower extension tube, each

K0044 Footrest, upper hanger bracket, each

K0045 Footrest, complete assembly

K0046 Elevating legrest; lower extension tube, each

K0047 upper hanger bracket, each

K0048 complete assembly

K0049 Calf pad, each

K0050 Ratchet assembly

K0051 Cam release assembly, footrest or legrest, each

K0052 Swingaway, detachable footrests, each

K0053 Elevating footrests, articulating (telescoping), each

K0054 Seat width of 10", 11", 12", 15", 17", or 20" for a high strength, lightweight or ultralightweight wheelchair

K0055 Seat depth of 15", 17", or 18" for a high strength, lightweight or ultralightweight wheelchair

K0056 Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair

K0057 Seat width 19" or 20" for heavy duty or extra heavy duty chair

K0058 Seat depth 17" or 18" for motorized/power wheelchair

K0059 Plastic coated handrim, each

K0060 Steel handrim, each

K0061 Aluminum handrim, each

K0062 Handrim with 8-10 Vertical or oblique projections, each

K0063 Handrim with 12-16 Vertical or oblique projections, each

K0064 Zero pressure tube (flat free inserts), any size, each

K0065 Spoke protectors, each

K0066 Solid tire, any size each

K0067 Pneumatic tire, any size, each

K0068 Pneumatic tire tube, each

K0069 Rear wheel assembly, complete; with solid tire, spokes or molded, each

K0070 with pneumatic tire, spokes or molded, each

K0071 Front caster assembly, complete; with pneumatic tire, each

K0072 with semi-pneumatic tire, each

K0073 Caster pin lock,each

K0074 Pneumatic caster tire, any size, each

K0075 Semi-pneumatic caster tire, any size, each

K0076 Solid caster tire, any size, each

K0077 Front caster assembly, complete, with solid tire, each

K0078 Pneumatic caster tire tube, each

K0079 Wheel lock extension, pair

K0080 Anti-rollback device, pair

K0081 Wheel lock assembly, complete, each

K0082 22 NF deep cycle lead acid battery, each

K0083 22 NF gel cell battery, each

K0084 Group 24 deep cycle lead acid battery, each

K0085 Group 24 gel cell battery, each

K0086 U-1 lead acid battery, each

K0087 U-1 gel cell battery, each

K0088 Battery charger; lead acid or gel cell

K0089 dual mode

K0090 Rear wheel tire for power wheelchair, any size, each

K0091 Rear wheel tire tube other than zero pressure for power wheelchair, any size, each

K0092 Rear wheel assembly for power wheelchair, complete each

K0093 Rear wheel, zero pressure tire tube (flat free insert) for power wheelchair, any size, each

K0094 Wheel tire for power base, any size, each

K0095 Wheel tire tube other than zero pressure for each base, any size, each

K0096 Wheel assembly for power base, complete, each

K0097 Wheel zero pressure tire tube (flat free insert) for power base, any size, each

K0098 Drive belt for power wheelchair

K0099 Front caster for power wheelchair, each

K0100 Wheelchair adapter for amputee, pair (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)

K0101 One-arm drive attachment, each

K0102 Crutch and cane holder, each

K0103 Transfer board, less than 25"

K0104 Cylinder tank carrier, each

K0105 IV hanger, each

K0106 Arm trough, each

K0107 Wheelchair tray

K0108 Wheelchair component or accessory, not otherwise specified

(K0109) Code deleted 1999

INFUSION PUMPS

(K0110) Code deleted 1997; use A4221

(K0111) Code deleted 1997; use A4222

SPINAL ORTHOTICS

K0112 Trunk support device, vest type; with inner frame, prefabricated

K0113 without inner frame, prefabricated

K0114 Back support system for use with a wheelchair, with inner frame, prefabricated

K0115 Seating system, back module, posteriorlateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base

K0116 Seating system, combined back and seat module, custom fabricated for attachment to wheelchair base

(K0117) Code deleted 1996

TENS

(K0118) Code deleted 1996; see A4595

IMMUNOSUPPRESSIVE DRUGS

(K0119) Code deleted 2000; use J7500

(K0120) Code deleted 2000; use J7501

(K0121) Code deleted 2000; use J7515

(K0122) Code deleted 2000; use J7516

(K0123) Code deleted 2000; use J7504

(K0124) Code deleted 1997; use J7505

(K0125) Code deleted 1997; use J7506

RECUMBENT ANKLE SPLINTS

(K0126) Code deleted 1997; use L4390

(K0127) Code deleted 1997; use L4392

(K0128) Code deleted 1997; use L4394

(K0129) Code deleted 1997; use L4396

(K0130) Code deleted 1997; use L4398

GLUCOSE MONITORS

(K0131) Code deleted 1996; see A4258

INCONTINENCE SUPPLIES AND APPLIANCES

(K0132) Code deleted 1996

(K0133) Code deleted 1996

(K0134) Code deleted 1996

(K0135) Code deleted 1996

(K0136) Code deleted 1996

(K0137) Code deleted 2000; use A4369

(K0138) Code deleted 2000; use A4370

(K0139) Code deleted 2000; use A4371

ENTERAL NUTRITION SUPPLY

(K0140) Code deleted 1998

(K0141) Code deleted 1998

(K0142) Code deleted 1998

(K0143) Code deleted 1998

(K0144) Code deleted 1998

(K0145) Code deleted 1998

(K0146) Code deleted 1998

(K0147) Code deleted 1996; see B4085

SURGICAL DRESSINGS

(K0148) Code deleted 1995

(K0149) Code deleted 1995

(K0150) Code deleted 1995

(K0151) Code deleted 1995

(K0152) Code deleted 1997

(K0153) Code deleted 1995

(K0154) Code deleted 1997; use A6154

VISION

(K0162) Code deleted 1996; see V2781

PROSTHESIS

(K0163) Code deleted 1997; use L7900

TRACHEOSTOMY CARE SUPPLIES

(K0164) Code deleted 1996; see A4628

(K0165) Code deleted 1996; see A4629

(K0166) Code deleted 1996; see J7509

(K0167) Code deleted 1996; see J7510

(K0168) Code deleted 2000; use A7003

(K0169) Code deleted 2000; use A7004

(K0170) Code deleted 2000; use A7005

(K0171) Code deleted 2000; use A7006

(K0172) Code deleted 2000; use A7007

(K0173) Code deleted 2000; use A7008

(K0174) Code deleted 2000; use A7009

(K0175) Code deleted 2000; use A7010

(K0176) Code deleted 2000; use A7011

(K0177) Code deleted 2000; use A7012

(K0178) Code deleted 2000; use A7013

(K0179) Code deleted 2000; use A7014

(K0180) Code deleted 2000; use A7015

(K0181) Code deleted 2000; use A7016

(K0182) Code deleted 2001; use A7018

K0183 Nasal application device used with positive airway pressure device

K0184 Nasal pillows/seals, replacement for nasal application device, pair

K0185 Headgear used with positive airway pressure device

K0186 Chin strap used with positive airway pressure device

K0187 Tubing used with positive airway pressure device

K0188 Filter, disposable, used with positive airway pressure device

K0189 Filter, non-disposable, used with positive airway pressure device

(K0190) Code deleted 2000; use A7000

(K0191) Code deleted 2000; use A7001

(K0192) Code deleted 2000; use A7002

(K0193) Code deleted 1999

(K0194) Code deleted 1999

K0195 Elevating leg rests, pair (for use with capped rental wheelchair base)

(K0196) Code deleted 1997; use A6196

(K0197) Code deleted 1997; use A6197

(K0198) Code deleted 1997; use A6198

(K0199) Code deleted 1997; use A6199

(K0203) Code deleted 1997; use A6203

(K0204) Code deleted 1997; use A6204

(K0205) Code deleted 1997; use A6205

(K0206) Code deleted 1997; use A6206

(K0207) Code deleted 1997; use A6207

(K0208) Code deleted 1997; use A6208

(K0209) Code deleted 1997; use A6209

(K0210) Code deleted 1997; use A6210

(K0211) Code deleted 1997; use A6211

(K0212) Code deleted 1997; use A6212

(K0213) Code deleted 1997; use A6213

(K0214) Code deleted 1997; use A6214

(K0215) Code deleted 1997; use A6215

(K0216) Code deleted 1997; use A6216

(K0217) Code deleted 1997; use A6217

(K0218) Code deleted 1997; use A6218

(K0219) Code deleted 1997; use A6219

(K0220) Code deleted 1997; use A6220

(K0221) Code deleted 1997; use A6221

(K0222) Code deleted 1997; use A6222

(K0223) Code deleted 1997; use A6223

(K0224) Code deleted 1997; use A6224

(K0228) Code deleted 1997; use A6228

(K0229) Code deleted 1997; use A6229

(K0230) Code deleted 1997; use A6230

(K0234) Code deleted 1997; use A6234

(K0235) Code deleted 1997; use A6235

(K0236) Code deleted 1997; use A6236

(K0237) Code deleted 1997; use A6237

(K0238) Code deleted 1997; use A6238

(K0239) Code deleted 1997; use A6239

(K0240) Code deleted 1997; use A6240

(K0241) Code deleted 1997; use A6241

(K0242) Code deleted 1997; use A6242

(K0243) Code deleted 1997; use A6243

(K0244) Code deleted 1997; use A6244

(K0245) Code deleted 1997; use A6245

(K0246) Code deleted 1997; use A6246

(K0247) Code deleted 1997; use A6247

(K0248) Code deleted 1997; use A6248

(K0249) Code deleted 1997

(K0250) Code deleted 1997; use A6250

(K0251) Code deleted 1997; use A6251

(K0252) Code deleted 1997; use A6252

(K0253) Code deleted 1997; use A6253

(K0254) Code deleted 1997; use A6254

(K0255) Code deleted 1997; use A6255

(K0256) Code deleted 1997; use A6256

(K0257) Code deleted 1997; use A6257

(K0258) Code deleted 1997; use A6258

(K0259) Code deleted 1997; use A6259

(K0260) Code deleted 1997; use A6260

(K0261) Code deleted 1997; use A6261

(K0262) Code deleted 1997; use A6262

(K0263) Code deleted 1997; use A6263

(K0264) Code deleted 1997; use A6264

(K0265) Code deleted 1997; use A6265

(K0266) Code deleted 1997; use A6266

(K0267) Code deleted 1996; use A4254

K0268 Humidifier, non-heated, used with positive airway pressure device

(K0269) Code deleted 2001; use E0572

(K0270) Code deleted 2001; use E0574

(K0271) Code deleted 1997

(K0272) Code deleted 1997

(K0273) Code deleted 1997

(K0274) Code deleted 1997

(K0275) Code deleted 1997

(K0276) Code deleted 1997

(K0277) Code deleted 2000; use A4372

(K0278) Code deleted 2000; use A4373

(K0279) Code deleted 2000; use A4374

(K0280) Code deleted 2001; use A4331

(K0281) Code deleted 2001; use A4332

(K0282) Code deleted 1995; use K0182

(K0283) Code deleted 2001; use A7019

(K0284) Code deleted 2000; use E0779

(K0285) Code deleted 1997; use L7520

(K0400) Code deleted 2000; use A4280

(K0401) Code deleted 2000; use A5508

(K0402) Code deleted 1997; use A6402

(K0403) Code deleted 1997; use A6403

(K0404) Code deleted 1997; use A6404

(K0405) Code deleted 1997; use A6405

(K0406) Code deleted 1997; use A6406

(K0407) Code deleted 2001; use A4333

(K0408) Code deleted 2001; use A4334

(K0409) Code deleted 2001; use A4319

(K0410) Code deleted 2001; use A4324

(K0411) Code deleted 2001; use A4325

(K0412) Code deleted 2000; use J7517

(K0413) Code deleted 1998; use E0371

(K0414) Code deleted 1998; use E0372

K0415 Prescription antiemetic drug, oral, per 1 mg, for use in conjunction with oral anti-cancer drug, not otherwise specified

K0416 Prescription antiemetic drug, rectal, per 1 mg, for use in conjunction with oral anti-cancer drug, not otherwise specified

(K0417) Code deleted 2000; use E0780

(K0418) Code deleted 2000; use J7502

(K0419) Code deleted 2000; use A4375

(K0420) Code deleted 2000; use A4376

(K0421) Code deleted 2000; use A4377

(K0422) Code deleted 2000; use A4378

(K0423) Code deleted 2000; use A4379

(K0424) Code deleted 2000; use A4380

(K0425) Code deleted 2000; use A4381

(K0426) Code deleted 2000; use A4382

(K0427) Code deleted 2000; use A4383

(K0428) Code deleted 2000; use A4384

(K0429) Code deleted 2000; use A4385

(K0430) Code deleted 2000; use A4386

(K0431) Code deleted 2000; use A4387

(K0432) Code deleted 2000; use A4388

(K0433) Code deleted 2000; use A4389

(K0434) Code deleted 2000; use A4390

(K0435) Code deleted 2000; use A4391

(K0436) Code deleted 2000; use A4392

(K0437) Code deleted 2000; use A4393

(K0438) Code deleted 2000; use A4394

(K0439) Code deleted 2000; use A4395

(K0440) Code deleted 2001; use L8040

(K0441) Code deleted 2001; use L8041

(K0442) Code deleted 2001; use L8042

(K0443) Code deleted 2001; use L8043

(K0444) Code deleted 2001; use L8044

(K0445) Code deleted 2001; use L8045

(K0446) Code deleted 2001; use L8046

(K0447) Code deleted 2001; use L8047

(K0448) Code deleted 2001; use L8048

(K0449 Code deleted 2001; use L8049

(K0450 Code deleted 2001; use A4364

(K0451) Code deleted 2001; use A4365

K0452 Wheelchair bearings, any type

(K0453) Code deleted 1999; use J0285

(K0454) Code deleted 1998; use E0373

K0455 Infusion pump used for uninterrupted administration of epoprostenol

(K0456) Code deleted 2001; use E0298

(K0457) Code deleted 2001; use E0168

(K0458) Code deleted 2001; use E0148

(K0459) Code deleted 2001; use E0149

K0460 Power add-on, to convert manual wheelchair to motorized wheelchair, joystick control

K0461 Power add-on, to convert manual wheelchair to power operated vehicle, tiller control

K0462 Temporary replacement for patient owned equipment being repaired, any type

(K0501) Code deleted 2001; use E0571

(K0503) Code deleted 2000; use J7608

(K0504) Code deleted 2000; use J7618

(K0505) Code deleted 2000; use J7619

(K0506) Code deleted 2000; use J7635

(K0507) Code deleted 2000; use J7636

(K0508) Code deleted 2000; use J7628

(K0509) Code deleted 2000; use J7629

(K0511) Code deleted 2000; use J7631

(K0512) Code deleted 2000; use J7637

(K0513) Code deleted 2000; use J7638

(K0514) Code deleted 2000; use J7639

(K0515) Code deleted 2000; use J7642

(K0516) Code deleted 2000; use J7643

(K0518) Code deleted 2000; use J7644

(K0519) Code deleted 2000; use J7648

(K0520) Code deleted 2000; use J7649

(K0521) Code deleted 2000; use J7658

(K0522) Code deleted 2000; use J7659

(K0523) Code deleted 2000; use J7668

(K0524) Code deleted 2000; use J7669

(K0525) Code deleted 2000; use J7680

(K0526) Code deleted 2000; use J7681

(K0527) Code deleted 2000; use J7683

(K0528) Code deleted 2000; use J7684

(K0529) Code deleted 2001; use A7020

(K0530) Code deleted 2000; use A7017

K0531 Humidifier, heated, used with positive airway pressure device

K0532 Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)

K0533 Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)

K0534 Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)

(K0535) Code deleted 2001; use A6231

(K0536) Code deleted 2001; use A6232

(K0537) Code deleted 2001; use A6233

● **K0538** Negative pressure wound therapy electrical pump, stationary or portable

● **K0539** Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each

● **K0540** Canister set for negative pressure wound therapy electrical pump, stationary or portable, each

● **K0541** Speech generating device, digitized speech using pre-recorded messages, less than or equal to 8 minutes recording time

● **K0542** Speech generating device, digitized speech using pre-recorded messages, greater than 8 minutes recording time

● **K0543** Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device

● **K0544** Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access

● **K0545** Speech generating software program, for personal computer or personal digital assistant

● **K0546** Accessory for speech generating device, mounting system

● **K0547** Accessory for speech generating device, not otherwise classified

ORTHOTIC PROCEDURES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the ORTHOTIC PROCEDURES section that have "notes" are as follows:

Subsection	Code Numbers
Scoliosis procedures	L1000-L1499
Orthotic devices-lower limb	L1600-L2999
Lower limb-hip-knee-angle-foot (or any combination)	L2000-L2199
Orthotic devices-upper limb	L3650-L3999

2. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for ORTHOTIC PROCEDURES are as follows:

L0999	Addition to spinal orthosis, not otherwise specified
L1499	Spinal orthosis, not otherwise specified
L2999	Lower extremity orthosis, not otherwise specified
L3500-L3595	Miscellaneous shoe additions
L3649	Unlisted procedures for foot orthopedic shoes, shoe modification and transfers
L3999	Upper limb orthosis, not otherwise specified

3. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

4. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with ORTHOTIC PROCEDURES are as follows:

   -CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

   -LT Left side (used to identify procedures performed on the left side of the body)

   -RT Right side (used to identify procedures performed on the right side of the body)

   -TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers bill only for the technical component and should use modifier -TC. The change data from portable x-ray suppliers will then be used to build customary and prevailing profiles.

5. **CPT CODE CROSS-REFERENCE:** Unless otherwise specified, the equivalent CPT code for all listings in this section is 99070.

6. **DURABLE MEDICAL EQUIPMENT REGIONAL CARRIERS (DMERCS):** Effective October 1, 1993, claims orthotics must be billed to one of four regional carriers depending upon the residence of the beneficiary. The transition dates for DMERC claims is from November 1, 1993 to March 1, 1994, depending upon the state you practice in. See the Introduction for a complete discussion of DMERCs.

Orthotic Procedures

ORTHOTIC DEVICES

SPINAL - CERVICAL

L0100 Cervical, craniostenosis; helmet molded to patient model

L0110 helmet, non-molded

L0120 Cervical, flexible; non-adjustable (foam collar)

L0130 thermoplastic collar, molded to patient

L0140 Cervical, semi-rigid; adjustable (plastic collar)

L0150 adjustable molded chin cup (plastic collar with mandibular/occipital piece)

L0160 wire frame occipital/mandibular support

L0170 Cervical collar; molded to patient model

L0172 semi-rigid thermoplastic foam, two piece

L0174 semi-rigid, thermoplastic foam, two piece with thoracic extension multiple post collar

L0180 Cervical, multiple post collar, occipital/mandibular supports; adjustable

L0190 adjustable cervical bars (somi, guilford, taylor types)

L0200 adjustable cervical bars, and thoracic extension

SPINAL-THORACIC

L0210 Thoracic, rib belt

L0220 custom fabricated

SPINAL-THORACIC-LUMBAR-SACRAL

FLEXIBLE

L0300 Thoracic-lumbar-sacral-orthosis (TLSO), flexible (dorso-lumbar surgical support);

L0310 custom fabricated

L0315 elastic type, with rigid posterior panel

L0317 hyperextension, elastic type, with rigid posterior panel

ANTERIOR-POSTERIOR CONTROL

L0320 TLSO, anterior-posterior control (Taylor type), with apron front

L0330 TLSO, anterior-posterior-lateral control (Knight-Taylor type), with apron front

ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL

L0340 TLSO, anterior-posterior-lateral-rotary control; (Arnold, Magnuson, Steindler types), with apron front

L0350 flexion compression jacket, custom fitted

L0360 flexion compression jacket molded to patient model

L0370 hyperextension (Jewett, Lennox, Baker, Cash types)

L0380 with extensions

L0390 TLSO, anterior-posterior-lateral control; molded to patient model

L0400 molded to patient model, with interface material

L0410 two-piece construction, molded to patient model

L0420 two-piece construction, molded to patient model, with interface material

L0430 with interface material custom fitted

L0440 with overlapping front section, spring steel front, custom fitted

SPINAL — LUMBAR-SACRAL

FLEXIBLE

L0500 Lumbar-sacral-orthosis (LSO), flexible, (lumbo-sacral surgical support)

L0510 custom fabricated

L0515 elastic type with rigid posterior panel

ANTERIOR-POSTERIOR-LATERAL CONTROL

L0520 LSO, anterior-posterior-lateral control (Knight, Wilcox types), with apron front

ANTERIOR-POSTERIOR CONTROL

L0530 LSO, anterior-posterior control (Macausland type), with apron front

LUMBAR FLEXION

L0540 LSO, lumbar flexion (Williams flexion type)

ANTERIOR-POSTERIOR-LATERAL CONTROL (BODY JACKET)

L0550 LSO, anterior-posterior-lateral control; molded to patient model

L0560 molded to patient model, with interface material

L0565 custom fitted

SPINAL-SACROILIAC

FLEXIBLE

L0600 Sacroiliac, flexible (sacroiliac surgical support)

L0610 custom fabricated

SEMI-RIGID

L0620 Sacroiliac, semi-rigid (Goldthwaite, Osgood types), with apron front

SPINAL-CERVICAL-THORACIC-LUMBER-SACRAL-HALO PROCEDURE

ANTERIOR-POSTERIOR-LATERAL CONTROL

L0700 Cervical-thoracic-lumber-sacral-orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model; (Minerva type)

L0710 with interface material, (Minerva type)

HALO PROCEDURE

L0810 Halo procedure; cervical halo incorporated into jacket vest

L0820 cervical halo incorporated into plaster body jacket

L0830 cervical halo incorporated into Milwaukee type orthosis

SPINAL-TORSO SUPPORTS

PTOSIS SUPPORTS

L0860 Addition to halo procedures, magnetic resonance image compatible system

L0900 Torso support, ptosis support;

L0910 custom fabricated

PENDULOUS ABDOMEN SUPPORT

L0920 Torso support, pendulous abdomen support;

L0930 custom fabricated

POST SURGICAL SUPPORT

L0940 Torso support, post-surgical support;

L0950 custom fabricated

L0960 pads for post surgical support

ADDITIONS TO SPINAL ORTHOSES

L0970 TLSO, corset front

L0972 LSO, corset front

L0974 TLSO, full corset

L0976 LSO, full corset

L0978 Axillary crutch extension

L0980 Peroneal straps, pair

L0982 Stocking supporter grips, set of four (4)

L0984 Protective body sock, each

L0999 Addition to spinal orthosis, not otherwise specified

ORTHOTIC DEVICES-SCOLIOSIS PROCEDURES

NOTE: The orthotic care of scoliosis differs from other orthotic care in that the treatment is more dynamic in nature and utilizes ongoing, continual modification of the orthosis to the patient's changing condition. This coding structure uses the proper names or eponyms of the procedures because they have historic and universal acceptance in the profession. It should be recognized that variations to the basic procedures described by the founders/developers are accepted in various medical and orthotic practices throughout the country. All procedures include model of patient when indicated.

SCOLIOSIS-CERVICAL-THORACIC-LUMBAR-SACRAL (MILWAUKEE)

L1000 Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthoses, including model

CORRECTION PADS

L1010 Additions to cervical-thoracic-lumber-sacral orthosis (CTLSO) or scoliosis orthosis; axilla sling

L1020	kyphosis pad
L1025	kyphosis pad, floating
L1030	lumbar bolster pad
L1040	lumbar or lumbar rib pad
L1050	sternal pad
L1060	thoracic pad
L1070	trapezius sling
L1080	outrigger
L1085	outrigger, bilateral with vertical extensions
L1090	lumbar sling
L1100	ring flange, plastic or leather
L1110	ring flange, plastic or leather, molded to patient model
L1120	covers for upright, each

SCOLIOSIS-THORACIC-LUMBAR-SACRAL (LOW PROFILE)

L1200	Thoracic-lumbar-sacral-orthosis (TLSO), inclusive of furnishing initial orthosis only
L1210	Addition to TLSO, (low profile); lateral thoracic extension
L1220	anterior thoracic extension
L1230	Milwaukee type superstructure
L1240	lumbar derotation pad
L1250	anterior asis pad
L1260	anterior thoracic derotation pad
L1270	abdominal pad
L1280	rib gusset (elastic), each

L1290 lateral trochanteric pad

OTHER SCOLIOSIS PROCEDURES

L1300 Other scoliosis procedure; body jacket molded to patient model

L1310 post-operative body jacket

L1499 Spinal orthosis, not otherwise specified

THORACIC-HIP-KNEE-ANKLE

L1500 Thoracic-hip-knee-ankle, orthosis (THKAO), mobility frame (Newington, Parapodium types)

L1510 THKAO, standing frame

L1520 THKAO, swivel walker

ORTHOTIC DEVICES-LOWER LIMB

NOTE: The procedures L1600-L2999 are considered as "base" or the "basic procedures" and may be modified by listing other procedures from the "additions" (L2200-L2999) section and adding them to the base procedure.

LOWER LIMB-HIP

FLEXIBLE

▲**L1600** Hip orthosis (HO), abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment

▲**L1610** HO, abduction control of hip joints; flexible, (Frejka cover only), prefabricated, includes fitting and adjustment

▲**L1620** HO, abduction control of hip joints; flexible, (Pavlik harness), prefabricated, includes fitting and adjustment

▲**L1630** HO, abduction control of hip joints; semi-flexible (Von Rosen type), custom fabricated

▲**L1640** HO, abduction control of hip joints; static, pelvic band or spreader bar, thigh cuffs, custom fabricated

▲**L1650** HO, abduction control of hip joints; static, adjustable, (Ilfled type), prefabricated, includes fitting and adjustment

▲**L1660** HO, abduction control of hip joints; static, plastic, prefabricated, includes fitting and adjustment

▲**L1680** HO, abduction control of hip joints; dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated

▲**L1685** HO, abduction control of hip joints; postoperative hip abduction type, custom fabricated

▲**L1686** HO, abduction control of hip joints; postoperative hip abduction type, prefabricated, includes fitting and adjustment

▲**L1690** Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment

LOWER LIMB-LEGG PERTHES

▲**L1700** Legg Perthes orthosis; (Toronto type), custom fabricated

▲**L1710** (Newington type), custom fabricated

▲**L1720** trilateral, (Tachidijan type), custom fabricated

▲**L1730** (Scottish Rite type), custom fabricated

▲**L1750** Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment

▲**L1755** (Patten Bottom type), custom fabricated

LOWER LIMB-KNEE

▲**L1800** Knee orthosis (KO); elastic with stays, prefabricated, includes fitting and adjustment

▲**L1810** elastic with joints, prefabricated, includes fitting and adjustment

▲**L1815** elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment

▲**L1820**	elastic with condylar pads and joints, prefabricated, includes fitting and adjustment
▲**L1825**	elastic knee cap, prefabricated, includes fitting and adjustment
▲**L1830**	immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment
▲**L1832**	adjustable knee joints, positional orthosis, rigid support, prefabricated, includes fitting and adjustment
▲**L1834**	without knee joint, rigid, custom fabricated
▲**L1840**	derotation, medial-lateral, anterior cruciate ligament, custom fabricated
▲**L1843**	single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, pre-fabricated, includes fitting and adjustment
▲**L1844**	single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated
▲**L1845**	double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, pre-fabricated, includes fitting and adjustment
▲**L1846**	double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated
▲**L1847**	double upright with adjustable joint, with inflatable air support chamber(s), pre-fabricated, includes fitting and adjustment
▲**L1850**	Swedish type, pre-fabricated, includes fitting and adjustment
▲**L1855**	molded plastic, thigh and calf sections, with double upright knee joints, custom fabricated
▲**L1858**	molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated
▲**L1860**	modification of supracondylar prosthetic socket, custom fabricated (SK)

▲**L1870** double upright, thigh and calf lacers with knee joint, custom fabricated

▲**L1880** double upright, non-molded thigh and calf cuffs/lacers with knee joints, custom fabricated

▲**L1885** single or double upright, thigh and calf, with functional active resistance control, pre-fabricated, includes fitting and adjustment

LOWER LIMB-ANKLE-FOOT

▲**L1900** Ankle-foot orthosis (AFO); spring wire, dorsiflexion assist calf band, custom fabricated

▲**L1902** ankle gauntlet, prefabricated, includes fitting and adjustment

▲**L1904** molded ankle gauntlet, custom fabricated

▲**L1906** multiligamentus ankle support, prefabricated, includes fitting and adjustment

▲**L1910** posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment

▲**L1920** single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated

▲**L1930** plastic, prefabricated, include fitting and adjustment

▲**L1940** plastic, custom fabricated

▲**L1945** plastic, rigid anterior tibial section (floor reaction), custom fabricated

▲**L1950** spiral, (IRM type), plastic, custom fabricated

▲**L1960** posterior solid ankle, plastic, custom fabricated

▲**L1970** plastic with ankle joint, custom fabricated

▲**L1980** single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated

▲**L1990** double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated

LOWER LIMB-HIP-KNEE-ANKLE-FOOT (OR ANY COMBINATION)

NOTE: L2000, L2020, and L2036 are base procedures to be used with any knee joint. L2010 and L2030 are to used only with no knee joint.

▲**L2000** Knee-ankle-foot-orthosis (KAFO); single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated

▲**L2010** single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated

▲**L2020** double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated

▲**L2030** double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated

▲**L2035** full plastic, static (pediatric size), prefabricated, includes fitting and adjustment

▲**L2036** full plastic, double upright, free knee, custom fabricated

▲**L2037** full plastic, single upright, free knee, custom fabricated

▲**L2038** full plastic, with knee joint, multi-axis ankle, (Lively orthosis or equal), custom fabricated

▲**L2039** full plastic, single upright, poly-axial hinge, medial lateral rotation control, cutom fabricated

TORSION CONTROL

▲**L2040** Hip-knee-ankle-foot orthosis (HKAFO); torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated

▲**L2050** torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated

▲**L2060** torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated

▲**L2070** torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated

▲**L2080** torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated

▲**L2090** torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated

FRACTURE ORTHOSES

▲**L2102** Ankle-foot-orthosis (AFO), fracture orthosis, tibial fracture cast orthosis; plaster type casting material, custom fabricated

▲**L2104** synthetic type casting material, custom fabricated

▲**L2106** thermoplastic type casting material, custom fabricated

▲**L2108** custom fabricated

▲**L2112** soft, pre-fabricated, includes fitting and adjustment

▲**L2114** semi-rigid, pre-fabricated, includes fitting and adjustment

▲**L2116** rigid, pre-fabricated, includes fitting and adjustment

▲**L2122** Knee-ankle-foot-orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis; plaster type casting material, custom fabricated

▲**L2124** synthetic type casting material, custom fabricated

▲**L2126** thermoplastic type casting material, custom fabricated

▲**L2128** custom fabricated

▲**L2132** soft, prefabricated, includes fitting and adjustment

▲**L2134** semi-rigid, prefabricated, includes fitting and adjustment

▲**L2136** rigid, prefabricated, includes fitting and adjustment

ADDITIONS TO FRACTURE ORTHOSIS

L2180 Addition to lower extremity fracture orthosis; plastic shoe insert with ankle joints

L2182	drop lock knee joint
L2184	limited motion knee joint
L2186	adjustable motion knee joint, Lerman type
L2188	quadrilateral brim
L2190	waist belt
L2192	hip joint, pelvic band, thigh flange, and pelvic belt

ADDITIONS TO LOWER EXTREMITY ORTHOSIS

ADDITIONS-SHOE-ANKLE-SHIN-KNEE

L2200	Addition to lower extremity; limited ankle motion, each joint
L2210	dorsiflexion assist (plantar flexion resist), each joint
L2220	dorsiflexion and plantar flexion assist/resist, each joint
L2230	split flat caliper stirrups and plate attachment
L2240	round caliper and plate attachment
L2250	foot plate, molded to patient model, stirrup attachment
L2260	reinforced solid stirrup (Scott-Craig type)
L2265	long tongue stirrup
L2270	varus/valgus correction ("T") strap, padded/lined or malleolus pad
L2275	varus/valgus correction, plastic modification, padded/lined
L2280	molded inner boot
L2300	abduction bar (bilateral hip involvement), jointed, adjustable
L2310	abduction bar-straight
L2320	non-molded lacer

L2330 lacer molded to patient model

L2335 anterior swing band

L2340 pre-tibial shell, molded to patient model

L2350 prosthetic type, (BK) socket, molded to patient model, (used for "PTB" "AFO" orthoses)

L2360 extended steel shank

L2370 patten bottom

L2375 torsion control, ankle joint and half solid stirrup

L2380 torsion control, straight knee joint, each joint

L2385 straight knee joint, heavy duty, each joint

L2390 offset knee joint, each joint

L2395 offset knee joint, heavy duty, each joint

L2397 Addition to lower extremity orthosis, suspension sleeve

ADDITIONS TO STRAIGHT OR OFFSET KNEE JOINTS

L2405 Addition to knee joint; drop lock, each joint

L2415 cam lock (Swiss, French, Bail types), each joint

L2425 disc or dial lock for adjustable knee flexion, each joint

L2430 ratchet lock for active and progressive knee extension, each joint

L2435 polycentric joint, each joint

L2492 lift loop for drop lock ring

ADDITIONS-THIGH/WEIGHT BEARING

GLUTEAL/ISCHIAL WEIGHT

L2500 Addition to lower extremity, thigh/weight bearing; gluteal/ischial weight bearing, ring

L2510	quadrilateral brim, molded to patient model
L2520	quadrilateral rim, custom fitting
L2525	ischial containment/narrow M-L brim molded to patient model
L2526	ischial containment/narrow M-L brim, custom fitted
L2530	lacer, non-molded
L2540	lacer, molded to patient model
L2550	high roll cuff

ADDITIONS-PELVIC AND THORACIC CONTROL

L2570	Addition to lower extremity, pelvic control; hip joint, Clevis type two position joint; each
L2580	pelvic sling
L2600	hip joint, Clevis type, or thrust bearing, free, each
L2610	hip joint, Clevis or thrust bearing, lock, each
L2620	Addition to lower extremity, pelvic control, hip joint; heavy duty, each
L2622	adjustable flexion, each
L2624	adjustable flexion, extension, abduction control, each
L2627	Addition to lower extremity, pelvic control; plastic, molded to patient model, reciprocating hip joint and cables
L2628	metal frame, reciprocating hip joint and cables
L2630	band and belt, unilateral
L2640	band and belt, bilateral
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each
L2660	Addition to lower extremity, thoracic control; thoracic band

L2670 paraspinal uprights

L2680 lateral support uprights

ADDITIONS-GENERAL

L2750 Addition to lower extremity orthosis; plating chrome or nickel, per bar

L2755 carbon graphite lamination

L2760 extension, per extension, per bar (for lineal adjustment for growth)

L2770 any material, per bar or joint

L2780 non-corrosive finish, per bar

L2785 drop lock retainer, each

L2795 knee control, full kneecap

L2800 knee control, knee cap, medial or lateral pull

L2810 knee control, condylar pad

L2820 soft interface for molded plastic, below knee section

L2830 soft interface for molded plastic, above knee section

L2840 tibial length sock, fracture or equal, each

L2850 femoral length sock, fracture or equal, each

L2860 Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each

L2999 Lower extremity orthosis, not otherwise specified

FOOT ORTHOPEDIC SHOES, SHOE MODIFICATIONS, TRANSFERS

FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL

L3000 Foot, insert, removable, molded to patient model; "UCB" type, Berkeley Shell, each

L3001 Spenco, each

L3002 plastazote or equal, each

L3003 silicone gel, each

L3010 longitudinal arch support, each

L3020 longitudinal/metatarsal support, each

L3030 Foot, insert, removable, formed to patient foot, each

FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED

L3040 Foot, arch support, removable, premolded; longitudinal, each

L3050 metatarsal, each

L3060 longitudinal/metatarsal, each

FOOT, ARCH SUPPORT, NONREMOVABLE, ATTACHED TO SHOE

L3070 Foot, arch support, non-removable attached to shoe; longitudinal, each

L3080 metatarsal, each

L3090 longitudinal/metatarsal, each

L3100 Hallus-valgus night dynamic splint

ABDUCTION AND ROTATION BARS

L3140 Foot, abduction rotation bar, including shoes

L3150 Foot, abduction rotation bars, without shoes

L3160 Foot, adjustable shoe-styled positioning device

L3170 Foot, plastic heel stabilizer

ORTHOPEDIC FOOTWEAR

L3201 Orthopedic shoe, oxford with supinator or pronator; infant

L3202	child
L3203	junior
L3204	Orthopedic shoe, hightop with supinator or pronator, infant
L3206	child
L3207	junior
L3208	Surgical boot, each; infant
L3209	child
L3211	junior
L3212	Benesch boot, pair; infant
L3213	child
L3214	junior
L3215	Orthopedic footwear, ladies shoes; oxford
L3216	depth inlay
L3217	hightop, depth inlay
L3218	Orthopedic footwear, ladies surgical boot; each
L3219	Orthopedic footwear, mens shoes; oxford
L3221	depth inlay
L3222	shoes, hightop, depth inlay
L3223	Orthopedic footwear, mens surgical boot, each
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)
L3230	Orthopedic footwear, custom shoes, depth inlay

L3250 Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each

L3251 Foot, shoe molded to patient model; silicone shoe, each

L3252 plastazote (or similar), custom fabricated, each

L3253 Foot, molded shoe plastazote (or similar) custom fitted, each

L3254 Non-standard size or width

L3255 Non-standard size or length

L3257 Orthopedic footwear, additional charge for split size

L3260 Ambulatory surgical boot, each

L3265 Plastazote sandal, each

SHOE MODIFICATION

LIFTS

L3300 Lift, elevation; heel, tapered to metatarsal, per inch

L3310 heel and sole, neoprene, per inch

L3320 heel and sole, cork, per inch

L3330 metal extension (skate)

L3332 inside shoe, tapered, up to one-half inch

L3334 heel, per inch

WEDGES

L3340 Heel wedge, SACH

L3350 Heel wedge

L3360 Sole wedge; outside sole

L3370 between sole

L3380 Clubfoot wedge

L3390 Outflare wedge

L3400 Metatarsal bar wedge; rocker

L3410 between sole

L3420 Full sole and heel wedge, between sole

HEELS

L3430 Heel; counter, plastic reinforced

L3440 counter, leather reinforced

L3450 SACH cushion type

L3455 new leather, standard

L3460 new rubber, standard

L3465 Thomas with wedge

L3470 Thomas extended to ball

L3480 pad and depression for spur

L3485 pad, removable for spur

ORTHOPEDIC SHOE ADDITIONS

L3500 Orthopedic shoe addition; insole, leather

L3510 insole, rubber

L3520 insole, felt covered with leather

L3530 sole, half

L3540 sole, full

L3550 toe tap, standard

L3560 toe tap, horseshoe

L3570 special extension to instep (leather with eyelets)

L3580 convert instep to velcro closure

L3590 convert firm shoe counter to soft counter

L3595 march bar

TRANSFER OR REPLACEMENT

L3600 Transfer of an orthosis from one shoe to another; caliper plate, existing

L3610 caliper plate, new

L3620 solid stirrup, existing

L3630 solid stirrup, new

L3640 Dennis Browne splint (Riveton), both shoes

L3649 Orthopedic shoe, modification, addition or transfer, not otherwise specified

ORTHOTIC DEVICES-UPPER LIMB

NOTE: The procedures in this section are considered as "base" or "basic" procedures and may be modified by listing other procedures from the "additions" section, and adding them to the base procedure.

UPPER LIMB-SHOULDER

▲L3650 Shoulder orthosis, (SO); figure of "8" design abduction restrainer, prefabricated, includes fitting and adjusment

▲L3660 figure of "8" design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment

▲L3670 acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment

▲L3675 vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment

UPPER LIMB-ELBOW

▲L3700 Elbow orthosis (EO); elastic with stays, prefabricated, includes fitting and adjustment

▲**L3710** elastic with metal joints, prefabricated, includes fitting and adjustment

▲**L3720** double upright with forearm/arm cuffs, free motion, custom fabricated

▲**L3730** double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated

▲**L3740** double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated

●**L3760** with adjustable position locking joint(s), prefabricated, includes fitting and adjustment

UPPER LIMB — WRIST-HAND-FINGER

▲**L3800** Wrist-hand-finger-orthoses (WHFO); short opponens, no attachments, custom fabricated

▲**L3805** WHFO; long opponens, no attachment, custom fabricated

▲**L3807** WHFO; without joint(s), prefabricated, inlcudes fitting and adjustment

ADDITIONS

L3810 WHFO, addition to short and long opponens; thumb abduction ("C") bar

L3815 second M.P. abduction assist

L3820 I.P. extension assist, with M.P. extension stop

L3825 M.P. extension stop

L3830 M.P. extension assist

L3835 M.P. spring extension assist

L3840 spring swivel thumb

L3845 thumb I.P. extension assist, with M.P. stop

L3850 action wrist, with dorsiflexion assist

L3855 adjustable M.P. flexion control

L3860 adjustable M.P. flexion control and I.P.

L3890 Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each

DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION

▲L3900 WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension; wrist or finger driven, custom fabricated

▲L3901 cable driven, custom fabricated

EXTERNAL POWER

▲L3902 WHFO, external powered; compressed gas, custom fabricated

▲L3904 electric, custom fabricated

OTHER WRIST-HAND-FINGER ORTHOSES-CUSTOM FITTED

▲L3906 WHO, wrist gauntlet, custom fabricated

▲L3907 WHFO, wrist guantlet with thumb spica, custom fabricated

▲L3908 WHO, wrist extension control cock-up, prefabricated, includes fitting and adjustment

▲L3910 WHFO, Swanson design, prefabricated, includes fitting and adjustment

▲L3912 HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment

▲L3914 WHO, wrist extension cock-up, prefabricated, includes fitting and adjustment

▲L3916 WHFO, wrist extension cock-up with outrigger, prefabricated, includes fitting and adjustment

▲L3918 HFO; knuckle bender, prefabricated, inlcudes fitting and adjustment

▲**L3920** knuckle bender with outrigger, prefabricated, includes fitting and adjustment

▲**L3922** knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustment

●**L3923** Hand finger orthosis, without joint(s), prefabricated, includes fitting and adjustment, any type

▲**L3924** WHFO; Oppenheimer, prefabricated, includes fitting and adjustment

▲**L3926** Thomas suspension, prefabricated, includes fitting and adjustment

▲**L3928** HFO, finger extension, with clock spring, prefabricated, includes fitting and adjustment

▲**L3930** WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustment

▲**L3932** FO; safety pin, spring wire, prefabricated, includes fitting and adjustment

▲**L3934** safety pin, modified, prefabricated, includes fitting and adjustment

▲**L3936** WHFO; Palmer, prefabricated, includes fitting and adjustment

▲**L3938** dorsal wrist, prefabricated, includes fitting and adjustment

▲**L3940** dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment

▲**L3942** HFO; reverse knuckle bender, prefabricated, includes fitting and adjustment

▲**L3944** reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment

▲**L3946** composite elastic, prefabricated, includes fitting and adjustment

▲**L3948** FO, finger knuckle bender, prefabricated, includes fitting and adjustment

▲**L3950** WHFO; combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment

▲**L3952** combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment

▲**L3954** HFO, spreading hand, prefabricated, includes fitting and adjustment

L3956 Addition of joint to upper extremity orthosis, any material; per joint

UPPER LIMB — SHOULDER-ELBOW-WRIST-HAND

ABDUCTION POSITIONING — CUSTOM FITTED

▲**L3960** Shoulder-elbow-wrist-hand orthoses, (SEWHO); abduction positioning, airplane design, prefabricated, includes fitting and adjustment

▲**L3962** abduction positioning, Erbs palsey design, prefabricated, includes fitting and adjustment

▲**L3963** molded shoulder, arm, forearm, and wrist, with articulating elbow joint, custom fabricated

▲**L3964** SEO, mobile arm support attached to wheelchair, balanced; adjustable, prefabricated, includes fitting and adjustment

▲**L3965** adjustable rancho type, prefabricated, includes fitting and adjustment

▲**L3966** reclining, prefabricated, includes fitting and adjustment

▲**L3968** friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment

▲**L3969** SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support, prefabricated, includes fitting and adjustment

ADDITIONS TO MOBILE ARM SUPPORTS

L3970 SEO, addition to mobile arm support; elevating proximal arm

L3972 offset or lateral rocker arm with elastic balance control

L3974 supinator

UPPER LIMB-FRACTURE ORTHOSES

▲**L3980** Upper extremity fracture orthosis; humeral, prefabricated, includes fitting and adjustment

▲**L3982** radius/ulnar, prefabricated, includes fitting and adjustment

▲**L3984** wrist, prefabricated, includes fitting and adjustment

▲**L3985** forearm, hand with wrist hinge, custom fabricated

▲**L3986** combination of humeral, radius/ulnar, wrist, (example - Colles fracture), custom fabricated

L3995 Addition to upper extremity orthosis, sock, fracture or equal, each

L3999 Upper limb orthosis, not otherwise specified

SPECIFIC REPAIR

L4000 Replace girdle for Milwaukee orthosis

L4010 Replace trilateral socket brim

L4020 Replace quadrilateral socket brim; molded to patient model

L4030 custom fitted

L4040 Replace molded thigh lacer

L4045 Replace non-molded thigh lacer

L4050 Replace molded calf lacer

L4055 Replace non-molded calf lacer

L4060 Replace high roll cuff

L4070 Replace proximal and distal upright for KAFO

L4080 Replace metal bands KAFO, proximal thigh

L4090 Replace metal bands KAFO-AFO, calf or distal thigh

L4100 Replace leather cuff KAFO, proximal thigh

L4110 Replace leather cuff KAFO-AFO, calf or distal thigh

L4130 Replace pretibial shell

REPAIRS

(L4200) Code deleted 1997; use L4205

L4205 Repair of orthotic device, labor component, per 15 minutes

L4210 repair or replace minor parts

ANCILLARY ORTHOTIC SERVICES

(L4310) Code deleted 1999; use L4396

(L4320) Code deleted 1999; use L4396

▲**L4350** Pneumatic ankle control splint (e.g., aircast), prefabricated, includes fitting and adjustment

▲**L4360** Pneumatic walking splint (e.g., aircast), prefabricated, includes fitting and adjustment

▲**L4370** Pneumatic full leg splint (e.g., aircast), prefabricated, includes fitting and adjustment

▲**L4380** Pneumatic knee splint (e.g., aircast), prefabricated, includes fitting and adjustment

(L4390) Code deleted 1999; use L4392

▲**L4392** Replacement, soft interface material, static AFO

L4394 foot drop splint

▲**L4396** Static AFO, including soft interface material, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment

▲**L4398** Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment

PROSTHETIC PROCEDURES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **PROSTHETIC DEVICES:** Prosthetic devices (other than dental) which replace all or part of an internal body organ (including contiguous tissue), or replace all or part of the function of a permanently inoperative or malfunctioning internal body organ, are covered when furnished upon a physician's order. This does not require a determination that there is no possibility that the patient's condition may improve in the future. If the medical record and the judgement of the attending physician indicate that the condition is of long and indefinite duration, the test of permanence is met. The device(s) may also be covered as a supply item when furnished incident to a physician's service.

2. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the PROSTHETIC PROCEDURES section that have "notes" are as follows:

Subsection	Code Numbers
Prosthetic procedures-lower limb	L5000-L5999
Upper limb	L6000-L6590
Additions-upper limb	L6600-L6999

3. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for PROSTHETIC PROCEDURES are as follows:

L5999 Lower extremity prosthesis, not otherwise specified

L7499	Upper extremity prosthesis, not otherwise specified
L8039	Breast prosthesis, not otherwise specified
L8239	Elastic support, not otherwise specified
L8499	Unlisted procedures for miscellaneous prosthetic services
L8699	Prosthetic implant, not otherwise specified

4. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

5. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with PROSTHETIC PROCEDURES are as follows:

   -CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

   -LT Left side (used to identify procedures performed on the left side of the body)

   -QB Physician providing service in a rural HMSA

   -QU Physician providing service in an urban HMSA

   -RT Right side (used to identify procedures performed on the right side of the body)

   -TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers bill only for the technical component and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.

6. **CPT CODE CROSS-REFERENCE:** Unless otherwise specified, the equivalent CPT code for all listings in this section is 99070.

7. **DURABLE MEDICAL EQUIPMENT REGIONAL CARRIERS (DMERCS):** Effective October 1, 1993 claims for prosthetics must be billed to one of four regional carriers depending upon the residence of the beneficiary. The transition dates for DMERC claims is from November 1, 1993 to March 1, 1994, depending upon the state you practice in. See the Introduction for a complete discussion of DMERCs.

Prosthetic Procedures

LOWER LIMB

NOTE: The procedures in this section are considered as "base" or "basic" procedures, and they may be modified by listing items, procedures or special materials from the "additions" section, and adding them to the base procedure.

LOWER LIMB — PARTIAL FOOT

L5000 Partial foot; shoe insert with longitudinal arch, toe filler

L5010 molded socket, ankle height, with toe filler

L5020 molded socket, tibial tubercle height, with toe filler

LOWER LIMB-ANKLE

L5050 Ankle, symes; molded socket, SACH foot

L5060 metal frame, molded leather socket, articulated ankle/foot

LOWER LIMB-BELOW KNEE

L5100 Below knee; molded socket, shin, SACH foot

L5105 plastic socket, joints and thigh lacer, SACH foot

LOWER LIMB-KNEE DISARTICULATION

L5150 Knee disarticulation (or through knee), molded socket; external knee joints, shin, SACH foot

L5160 bent knee configuration, external knee joints, shin, SACH foot

LOWER LIMB-ABOVE KNEE

L5200 Above knee; molded socket, single axis constant friction knee, shin, SACH foot

L5210 short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each

L5220 short prosthesis, no knee joint ("stubbies"), with articulated ankle/foot, dynamically aligned, each

L5230 for proximal femoral focal deficiency, constant friction knee, shin, each foot

LOWER LIMB-HIP DISARTICULATION

L5250 Hip disarticulation; Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot

L5270 tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot

LOWER LIMB-HEMIPELVECTOMY

L5280 Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot

LOWER LIMB-ENDOSKELETAL-BELOW KNEE

L5300 Below knee, molded socket, SACH foot, endoskeletal system, including soft cover and finishing

LOWER LIMB-ENDOSKELETAL-KNEE DISARTICULATION

L5310 Knee disarticulation (or through knee), molded socket, SACH foot endoskeletal system, including soft cover and finishing

LOWER LIMB-ENDOSKELETAL-ABOVE KNEE

L5320 Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee, including soft cover and finishing

LOWER LIMB-ENDOSKELETAL-HIP DISARTICULATION

L5330 Hip disarticulation, Canadian type; molded socket, endoskeletal system, hip joint, single axis knee, SACH foot, including soft cover and finishing

LOWER LIMB-ENDOSKELETAL-HEMIPELVECTOMY

L5340 Hemipelvectomy, Canadian type; molded socket, endoskeletal system, hip joint, single axis knee, SACH foot, including soft cover and finishing

IMMEDIATE-EARLY-INITIAL-PREPARATORY PROCEDURES

IMMEDIATE POST SURGICAL OR EARLY FITTING PROCEDURES

L5400 Immediate post surgical or early fitting; application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee

L5410 application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment

L5420 application of initial rigid dressing, including fitting, alignment and suspension and one cast change "AK" or knee disarticulation

L5430 application of initial rigid dressing, including fitting, alignment and suspension, "AK" or knee disarticulation, each additional cast change and realignment

L5450 application of non-weight bearing rigid dressing, below knee

L5460 application of non-weight bearing rigid dressing, above knee

INITIAL PROSTHESIS

L5500 Initial, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed

L5505 Initial, above knee - knee disarticulation, ischial level socket non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed

PREPARATORY PROSTHESIS

L5510 Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot; plaster socket, molded to model

L5520 thermoplastic or equal, direct formed

L5530 thermoplastic or equal, molded to model

L5535 Preparatory, below knee "PTB" type socket, non-alignable system, no cover, SACH foot, prefabricated, adjustable open end socket

L5540 Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model

L5560 Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot; plaster socket, molded to model

L5570 thermoplastic or equal, direct formed

L5580 thermoplastic or equal, molded to model

L5585 prefabricated adjustable open end socket

L5590 laminated socket, molded to model

L5595 Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot; thermoplastic or equal, molded to patient model

L5600 laminated socket, molded to patient model

ADDITIONS TO LOWER EXTREMITY

L5610 Addition to lower extremity, endoskeletal system; above knee, hydracadence system

L5611 above knee - knee disarticulation, 4-bar linkage, with friction swing phase control

L5613 above knee-knee disarticulation, 4-bar linkage, with hydraulic swing phase control

L5614 above knee-knee disarticulation, 4-bar linkage, with pneumatic swing phase control

L5616 above knee, universal multiplex system, friction swing phase control

L5617 Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each

ADDITIONS-TEST SOCKETS

L5618 Addition to lower extremity, test socket; Symes

L5620 below knee

L5622 knee disarticulation

L5624 above knee

L5626 hip disarticulation

L5628 hemipelvectomy

L5629 Addition to lower extremity, below knee, acrylic socket

ADDITIONS-SOCKET VARIATIONS

L5630 Addition to lower extremity, Symes type, expandable wall socket

L5631 Addition to lower extremity, above knee or knee disarticulation, acrylic socket

L5632 Addition to lower extremity, Symes type; "PTB" brim design socket

L5634 posterior opening (Canadian) socket

L5636 medial opening socket

L5637 Addition to lower extremity, below knee; total contact

L5638 leather socket

L5639 wood socket

L5640 Addition to lower extremity, knee disarticulation, leather socket

L5642 Addition to lower extremity, above knee, leather socket

L5643 Addition to lower extremity, hip disarticulation, flexible inner socket, external frame

L5644 Addition to lower extremity, above knee, wood socket

L5645 Addition to lower extremity, below knee; flexible inner socket, external frame

L5646 air cushion socket

L5647 suction socket

L5648 Addition to lower extremity, above knee, air cushion socket

L5649 Addition to lower extremity, ischial containment/narrow M-L socket

L5650 Addition to lower extremity, total contact, above knee or knee disarticulation socket

L5651 Addition to lower extremity, above knee, flexible inner socket, external frame

L5652 Addition to lower extremity, suction suspension, above knee or knee disarticulation socket

L5653 Addition to lower extremity, knee disarticulation, expandable wall socket

ADDITIONS-SOCKET INSERT AND SUSPENSION

L5654 Addition to lower extremity, socket insert; Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)

L5655 below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)

L5656 knee disarticulation, (Kemblo, Pelite, Aliplast, Plastazote or equal)

L5658	above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5660	Syme, silicone gel or equal
L5661	multi-durometer Symes
L5662	below knee, silicone gel or equal
L5663	knee disarticulation, silicone gel or equal
L5664	above knee, silicone gel or equal
L5665	multi-durometer, below knee
L5666	Addition to lower extremity; below knee, cuff suspension
L5667	below knee/above knee, socket insert, suction suspension, with locking mechanism
L5668	below knee, molded distal cushion
L5669	below knee/above knee, socket insert, suction suspension, without locking mechanism
L5670	below knee, molded supracondylar suspension ("PTS" or similar)
L5672	below knee, removable medial brim suspension
▲L5674	below knee, suspension sleeve, any material, each
▲L5675	below knee, suspension sleeve, heavy duty, any material, each
L5676	below knee, knee joints, single axis, pair
L5677	below knee, knee joints, polycentric, pair
L5678	below knee, joint covers, pair
L5680	below knee, thigh lacer, non-molded
L5682	below knee, thigh lacer, gluteal/ischial, molded
L5684	below knee, fork strap

L5686 below knee, back check (extension control)

L5688 below knee, waist belt, webbing

L5690 below knee, waist belt, padded and lined

L5692 Addition to lower extremity, above knee; pelvic control belt, light

L5694 pelvic control belt, padded and lined

L5695 pelvic control, sleeve suspension, neoprene or equal, each

L5696 Addition to lower extremity, above knee or knee disarticulation; pelvic joint

L5697 pelvic band

L5698 silesian bandage

L5699 All lower extremity protheses, shoulder harness

L5700 Replacement, socket; below knee, molded to patient model

L5701 above knee/knee disarticulation, including attachment plate, molded to patient model

L5702 hip disarticulation, including hip joint, molded to patient model

L5704 Replacement, custom shaped protective cover; below knee

L5705 above knee

L5706 knee disarticulation

L5707 hip disarticulation

ADDITIONS-KNEE-SHIN SYSTEM

EXOSKELETAL

L5710 Addition, exoskeletal knee-shin system, single axis; manual lock

L5711 manual lock, ultra-light material

L5712 friction swing and stance phase control (safety knee)

L5714 variable friction swing phase control

L5716 Addition, exoskeletal knee-shin system, polycentric; mechanical stance phase lock

L5718 friction swing and stance phase control

L5722 Addition, exoskeletal knee-shin system, single axis; pneumatic swing, friction stance phase control

L5724 fluid swing phase control

L5726 external joints fluid swing phase control

L5728 fluid swing and stance phase control

L5780 pneumatic/hydrapneumatic swing phase control

L5785 Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)

L5790 Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)

L5795 Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)

ENDOSKELETAL

L5810 Addition, endoskeletal knee-shin system, single axis; manual lock

L5811 manual lock, ultra-light material

L5812 friction swing and stance phase control (safety knee)

L5814 Addition, endoskeletal knee-shin system, polycentric; hydraulic swing phase control, mechanical stance phase lock

L5816 mechanical stance phase lock

L5818 friction swing and stance phase control

L5822 Addition, endoskeletal knee-shin system, single axis; pneumatic swing, friction stance phase control

L5824 fluid swing phase control

L5826 hydraulic swing phase control, with miniature high activity frame

L5828 fluid swing and stance phase control

L5830 pneumatic swing phase control

L5840 Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control

L5845 Addition, endoskeletal, knee-shin system; stance flexion feature, adjustable

L5846 microprocessor control feature, swing phase only

L5850 Addition, endoskeletal system; above knee or hip disarticulation, knee extension assist

L5855 hip disarticulation, mechanical hip extension assist

L5910 below knee, alignable system

L5920 above knee or hip disarticulation, alignable system

L5925 above knee, knee disarticulation or hip disarticulation, manual lock

L5930 Addition, endoskeletal system; high activity knee control frame

L5940 below knee, ultra-light material (titanium, carbon fiber or equal)

L5950 above knee, ultra-light material (titanium, carbon fiber or equal)

L5960 hip disarticulation, ultra-light material (titanium, carbon fiber or equal)

L5962 below knee, flexible protective outer surface covering system

L5964 above knee, flexible protective outer surface covering system

L5966 hip disarticulation, flexible protective outer surface covering system

L5968 Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature

L5970 All lower extremity prostheses, foot, external keel, each foot

L5972 flexible keel foot (Safe, Sten, Bock Dynamic or equal)

L5974 foot, single axis ankle/foot

L5975 All lower extremity prosthesis; combination single axis ankle and flexible keel foot

L5976 energy storing foot (Seattle Carbon Copy II or equal)

L5978 foot, multiaxial ankle/foot

▲**L5979** multiaxial ankle, dynamic response foot, one piece system

L5980 flex foot system

L5981 flex-walk system or equal

L5982 All exoskeletal lower extremity prostheses, axial rotation unit

L5984 All endoskeletal lower extremity prostheses, axial rotation unit

L5985 All endoskeletal lower extremity prostheses, dynamic prosthetic pylon

L5986 All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)

L5987 All lower extremity prosthesis, shank foot system with vertical loading pylon

L5988 Addition to lower limb prosthesis, vertical shock reducing pylon feature

L5999 Lower extremity prosthesis, not otherwise specified

UPPER LIMB

NOTE: The procedures in L6000-L6599 are considered as "base" or "basic" procedures and may be modified by listing procedures from the "additions" sections. The base procedures include only standard friction wrist and control cable system unless otherwise specified.

UPPER LIMB-PARTIAL HAND

L6000 Partial hand, Robin-aids; thumb remaining (or equal)

L6010 little and/or ring ringer remaining (or equal)

L6020 no finger remaining (or equal)

UPPER LIMB-WRIST DISARTICULATION

L6050 Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad

UPPER LIMB-BELOW ELBOW

L6055 Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad

L6100 Below elbow, molded socket; flexible elbow hinge, triceps pad

L6110 (Muenster or Northwestern Suspension types)

L6120 Below elbow, molded double wall split socket; step-up hinges, half cuff

L6130 stump activated locking hinge, half cuff

UPPER LIMB-ELBOW DISARTICULATION

L6200 Elbow disarticulation, molded socket, outside locking hinge, forearm

UPPER LIMB-ABOVE ELBOW

L6205 Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm

L6250 Above elbow, molded double wall socket, internal locking elbow, forearm

UPPER LIMB-SHOULDER DISARTICULATION

L6300 Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm

L6310 Shoulder disarticulation, passive restoration; (complete prosthesis)

L6320 (shoulder cap only)

UPPER LIMB-INTERSCAPULAR THORACIC

L6350 Interscapular thoracic; molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm

L6360 passive restoration (complete prosthesis)

L6370 passive restoration (shoulder cap only)

UPPER LIMB-IMMEDIATE AND EARLY POST SURGICAL PROCEDURES

L6380 Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change; wrist disarticulation or below elbow

L6382 elbow disarticulation or above elbow

L6384 shoulder disarticulation or interscapular thoracic

L6386 Immediate post surgical or early fitting; each additional cast change and realignment

L6388 application of rigid dressing only

UPPER LIMB-ENDOSKELETAL-BELOW ELBOW

L6400 Below elbow, molded socket endoskeletal system, including soft prosthetic tissue shaping

UPPER LIMB-ENDOSKELETAL-ELBOW DISARTICULATION

L6450 Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping

UPPER LIMB-ENDOSKELETAL-ABOVE ELBOW

L6500 Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping

UPPER LIMB-ENDOSKELETAL-SHOULDER DISARTICULATION

L6550 Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping

UPPER LIMB-ENDOSKELETAL-INTERSCAPULAR THORACIC

L6570 Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping

L6580 Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model

L6582 Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, bowden cable control, USMC or equal pylon, no cover, direct formed

L6584 Preparatory, elbow disarticulation or above elbow; single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model

L6586 single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed

L6588 Preparatory shoulder disarticulation or interscapular thoracic; single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model

L6590 single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed

ADDITIONS-UPPER LIMB

NOTE: The following procedures, modifications and/or components may be added to other base procedures. The items in this section should reflect the additional complexity of each modification procedure, in addition to base procedure, at the time of the original order.

L6600 Upper extremity additions; polycentric hinge, pair

L6605 single pivot hinge, pair

L6610 flexible metal hinge, pair

L6615 disconnect locking wrist unit

L6616 additional disconnect insert for locking wrist unit, each

L6620 flexion-friction wrist unit

L6623 spring assisted rotational wrist unit with latch release

L6625 rotation wrist unit with cable lock

L6628 quick disconnect hook adapter, Otto Bock or equal

L6629 quick disconnect lamination collar with coupling piece, Otto Bock or equal

L6630 stainless steel, any wrist

L6632 latex suspension sleeve, each

L6635 lift assist for elbow

L6637 nudge control elbow lock

L6640 shoulder abduction joint, pair

L6641 excursion amplifier, pulley type

L6642 excursion amplifier, lever type

L6645	shoulder flexion - abduction joint, each
L6650	shoulder universal joint, each
L6655	standard control cable, extra
L6660	heavy duty control cable
L6665	teflon, or equal, cable lining
L6670	hook to hand, cable adapter
L6672	harness, chest or shoulder, saddle type
L6675	harness, figure of ("8") eight type, for single control
L6676	harness, figure of ("8") eight type, for dual control
L6680	test socket, wrist disarticulation or below elbow
L6682	test socket, elbow disarticulation or above elbow
L6684	test socket, shoulder disarticulation or interscapular thoracic
L6686	suction socket
L6687	frame type socket, below elbow or wrist disarticulation
L6688	frame type socket, above elbow or elbow disarticulation
L6689	frame type socket, shoulder disarticulation
L6690	frame type socket, interscapular-thoracic
L6691	removable insert, each
L6692	silicone gel insert or equal, each
L6693	locking elbow, forearm counterbalance

TERMINAL DEVICES

HOOKS

L6700	Terminal device, hook, Dorrance, or equal; model #3

L6705	model #5
L6710	model #5X
L6715	model #5XA
L6720	model #6
L6725	model #7
L6730	model #7LO
L6735	model #8
L6740	model #8X
L6745	model #88X
L6750	model #10P
L6755	model #10X
L6765	model #12P
L6770	model #99X
L6775	model #555
L6780	model #SS555
L6790	Terminal device; hook-Accu hook, or equal
L6795	hook-2 load, or equal
L6800	hook-APRL VC, or equal
L6805	modifier wrist flexion unit
L6806	Terminal device, hook; TRS grip, grip III, VC or equal
L6807	grip I, grip II, VC or equal
L6808	TRS adept, infant or child, VC or equal
L6809	TRS Super sport, passive
L6810	Terminal device; pincher tool, Otto Bock or equal

HANDS

L6825 Terminal device, hand; Dorrance, VO

L6830 Aprl, VC

L6835 Sierra, VO

L6840 Becker imperial

L6845 Becker lock grip

L6850 Becker plylite

L6855 Robin-aids, VO

L6860 Robin-aids, VO soft

L6865 passive hand

L6867 Detroit infant hand (mechanical)

L6868 passive infant hand, (Steeper, Hosmer or equal)

L6870 child mitt

L6872 NYU child hand

L6873 mechanical infant hand, Steeper or equal

L6875 Bock, VC

L6880 Bock, VO

GLOVES FOR ABOVE HANDS

L6890 Terminal device, glove for above hands; production glove

L6895 custom glove

HAND RESTORATION

L6900 Hand restoration (casts, shading and measurements included), partial hand; with glove, thumb or one finger remaining

L6905 with glove, multiple fingers remaining

L6910 with glove, no fingers remaining

L6915 Hand restoration (shading, and measurements included), replacement glove for above

EXTERNAL POWER — BASE DEVICES

L6920 Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal; switch, cables, two batteries and one charger, switch control of terminal device

L6925 electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6930 Below elbow, external power, self-suspended inner socket, removable forearm shell; Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device

L6935 Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6940 Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm; Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device

L6945 Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6950 Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm; Otto Bock or equal switch, cables two batteries and one charger, switch control of terminal device

L6955 Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6960 Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm; Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device

L6965 Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6970 Interscapular-thoracic, external power, molded inner socket removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm; Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device

L6975 Otto Bock or equal electrodes cables, two batteries and one charger, myoelectronic control of terminal device

EXTERNAL POWER-TERMINAL DEVICES

L7010 Electronic hand; Otto Bock, Steeper or equal, switch controlled

L7015 System Teknik, Variety Village or equal, switch controlled

L7020 Electronic Greifer, Otto Bock or equal, switch controlled

L7025 Electronic hand; Otto Bock or equal, myoelectronically controlled

L7030 System Teknik, Variety Village or equal, myoelectronically controlled

L7035 Electronic Greifer, Otto Bock or equal, myoelectronically controlled

L7040 Prehensile actuator, Hosmer or equal, switch controlled

L7045 Electronic hook, child, Michigan or equal, switch controlled

EXTERNAL POWER — ELBOW

(L7160) Code deleted 1997

(L7165) Code deleted 1997

L7170 Electronic elbow; hosmer or equal, switch controlled

L7180 Boston, Utah or equal, myoelectronically controlled

L7185 adolescent, Variety Village or equal, switch controlled

L7186 child, Variety Village or equal, switch controlled

L7190 adolescent, Variety Village or equal, myoelectronically controlled

L7191 child, Variety Village or equal, myoelectronically controlled

EXTERNAL POWER-CONTROL MODULES

L7260 Electronic wrist rotator; Otto Bock or equal

L7261 for Utah arm

L7266 Servo control, Steeper or equal

L7272 Analogue control, UNB or equal

L7274 Proportional control, 6-12 volt, Liberty, Utah or equal

EXTERNAL POWER-BATTERY COMPONENTS

L7360 Six volt battery, Otto Bock or equal, each

L7362 Battery charger, six volt, Otto Bock or equal

L7364 Twelve volt battery, Utah or equal, each

L7366 Battery charger, twelve volt, Utah or equal

L7499 Upper extremity prosthesis, not otherwise specified

REPAIRS

L7500 Repair of prosthetic device, hourly rate (excludes V5335 repair of oral or laryngeal prosthesis or artificial larynx)

L7510 Repair prosthetic device, repair or replace minor parts (excludes V5335 repair of oral or laryngeal prosthesis or artificial larynx)

L7520 Repair prosthetic device, labor component, per 15 minutes

L7900 Vacuum erection system

GENERAL-BREAST PROSTHESES

L8000 Breast prosthesis; mastectomy bra

L8010 mastectomy sleeve

L8015 External breast prosthesis garment, with mastectomy form, post mastectomy

L8020 Breast prosthesis; mastectomy form

L8030 silicone or equal

L8035 Custom breast prosthesis, post mastectomy, molded to patient model

L8039 Breast prosthesis, not otherwise specified

● L8040 Nasal prosthesis, provided by a non-physician

● L8041 Midfacial prosthesis, provided by a non-physician

● L8042 Orbital prosthesis, provided by a non-physician

● L8043 Upper facial prosthesis, provided by a non-physician

● L8044 Hemi-facial prosthesis, provided by a non-physician

● L8045 Auricular prosthesis, provided by a non-physician

● L8046 Partial facial prosthesis, provided by a non-physician

● L8047 Nasal septal prosthesis, provided by a non-physician

● L8048 Unspecified maxillofacial prosthesis, by report, provided by a non-physician

● L8049 Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician

GENERAL-ELASTIC SUPPORTS

L8100 Gradient compression stocking; below knee, 18-30 mmhg, each

L8110 below knee, 30-40 mmhg, each

L8120 below knee, 40-50 mmhg, each

L8130 thigh length, 18-30 mmhg, each

L8140	thigh length, 30-40 mmhg, each
L8150	thigh length, 40-50 mmhg, each
L8160	full length/chap style, 18-30 mmhg, each
L8170	full length/chap style, 30-40 mmhg, each
L8180	full length/chap style, 40-50 mmhg, each
L8190	waist length, 18-30 mmhg, each
L8195	waist length, 30-40 mmhg, each
L8200	waist length, 40-50 mmhg, each
L8210	custom made
L8220	lymphedema
L8230	garter belt
L8239	Gradient compression stocking, not otherwise specified

GENERAL-TRUSSES

L8300	Truss; single with standard pad
L8310	double with standard pads
L8320	addition to standard pad, water pad
L8330	addition to standard pad, scrotal pad

PROSTHETIC SOCKS

L8400	Prosthetic sheath; below knee, each
L8410	above knee, each
L8415	upper limb, each
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each
L8420	Prosthetic sock, multiple ply; below knee, each

L8430 above knee, each

L8435 upper limb, each

L8440 Prosthetic shrinker; below knee, each

L8460 above knee, each

L8465 upper limb, each

L8470 Prosthetic sock, single ply, fitting; below knee, each

L8480 above knee, each

L8485 upper limb, each

L8490 Addition to prosthetic sheath/sock, air seal suction retention system

L8499 Unlisted procedure for miscellaneous prosthetic services

PROSTHETIC IMPLANTS

L8500 Artificial larynx, any type

L8501 Tracheostomy speaking valve

INTEGUMENTARY SYSTEM

L8600 Implantable breast prosthesis, silicone or equal

▲ L8603 Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies

(L8605) Code deleted 1998

● L8606 Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies

HEAD (SKULL, FACIAL BONES AND TEMPOROMANDIBULAR JOINT)

L8610 Ocular implant

(L8611) Code deleted 1998

L8612 Aqueous shunt

L8613 Ossicula implant

L8614 Cochlear device/system

(L8615) Code deleted 1998

(L8616) Code deleted 1998

(L8617) Code deleted 1998

(L8618) Code deleted 1998

L8619 Cochlear implant external speech processor, replacement

UPPER EXTREMITY

(L8620) Code deleted 1998

(L8621) Code deleted 1998

(L8622) Code deleted 1998

(L8623) Code deleted 1998

(L8624) Code deleted 1998

(L8625) Code deleted 1998

(L8626) Code deleted 1998

(L8627) Code deleted 1998

(L8628) Code deleted 1998

(L8629) Code deleted 1998

L8630 Metacarpophalangeal joint implant

LOWER EXTREMITY (JOINT: KNEE, ANKLE, TOE)

(L8640) Code deleted 1998

L8641 Metatarsal joint implant

L8642 Hallux implant

MISCELLANEOUS MUSCULAR — SKELETAL

(L8655) Code deleted 1998

(L8656) Code deleted 1998

(L8657) Code deleted 1998

L8658 Interphalangeal joint implant

CARDIOVASCULAR SYSTEM

L8670 Vascular graft material, synthetic, implant

(L8680) Code deleted 1998

OTHER

(L8690) Code deleted 1998

L8699 Prosthetic implant, not otherwise specified

L9900 Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code

TAXES

(L9999) Code deleted 1997

MEDICAL SERVICES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the MEDICAL SERVICES section that have "notes" are as follows:

Subsection	Code Numbers
Office services	M0000-M0009
End-stage renal disease services	M0900-M0999

2. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

3. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with MEDICAL SERVICES are as follows:

   -AH Clinical psychologist

   -AJ Clinical social worker

   -CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

   -EJ Subsequent claim (for epoetin alfa-epo-injection claim only)

   -EM Emergency reserve supply (for ESRD benefit only)

-EP Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program

-FP Service provided as part of a Medicaid family planning program

-Q5 Service furnished by a substitute physician under a reciprocal billing arrangement

-Q6 Service furnished by a locum tenens physician

-QB Physician providing service in a rural HPSA

-QC Single channel monitoring

-QD Recording and storage in solid state memory by a digital recorder

-QT Recording and storage on tape by an analog tape recorder

-QU Physician providing service in an urban HPSA

-SF Second opinion ordered by a professional review organization (PRO) per section 9401, P.L. 99-272 (100 percent reimbursement; no Medicare deductible or coinsurance)

-TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers bill only for the technical component and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.

4. **CPT CODE CROSS-REFERENCE:** See sections for equivalent CPT code(s) for listings in this section.

Medical Services

OFFICE SERVICES

(M0005) Code deleted 1998; use CPT

(M0006) Code deleted 1998; use CPT

(M0007) Code deleted 1998; use CPT

(M0008) Code deleted 1998; use CPT

ASC SERVICES

M0064 Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders

OTHER MEDICAL SERVICES

M0075 Cellular therapy

M0076 Prolotherapy

M0100 Intragastric hypothermia using gastric freezing (MNP)

(M0101) Code deleted 1999; use CPT

CARDIOVASCULAR SERVICES

M0300 IV chelation therapy (chemical endarterectomy)

M0301 Fabric wrapping of abdominal aneurysm (MNP)

M0302 Assessment of cardiac output by electrical bioimpedance

PHYSICAL MEDICINE SERVICES

OSTEOPATHIC MANIPULATION THERAPY (OMT)

NOTE: All OMT codes have been deleted; use CPT.

ESRD SERVICES

NOTE: For DME items for ESRD, see procedure codes E1500-E1699. For supplies for ESRD, see procedure codes A4650-A4999

(M0900) Code deleted 1995

PATHOLOGY AND LABORATORY

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

2. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with PATHOLOGY AND LABORATORY SERVICES are as follows:

   -CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

   -LR Laboratory round trip

   -TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under these circumstances, the technical component charge is identified by adding the modifier -TC to the usual procedure code. Technical component charges are institutional charges and are not billed separately by physicians. Portable x-ray suppliers bill only for the technical component however, and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.

3. **CPT CODE CROSS-REFERENCE:** See sections for equivalent CPT code(s) for all listings in this section.

Pathology And Laboratory

CHEMISTRY AND TOXICOLOGY TESTS

P2028 Cephalin flocculation, blood

P2029 Congo red, blood

P2031 Hair analysis (excluding arsenic)

P2033 Thymol turbidity, blood

P2038 Mucoprotein, blood (seromucoid) (medical necessity procedure)

PATHOLOGY SCREENING TESTS

P3000 Screening papanicolaou smear, cervical or vaginal, up to three smears; by technician under physician supervision

P3001 requiring interpretation by physician

MICROBIOLOGY TESTS

P7001 Culture, bacterial, urine; quantitative, sensitivity study

MISCELLANEOUS PATHOLOGY AND LABORATORY TESTS

P9010 Blood (whole), for transfusion, per unit

P9011 Blood (split unit), specify amount

P9012 Cryoprecipitate, each unit

(P9013) Code deleted 2001

(P9014) Code deleted 1999; use J1460

(P9015) Code deleted 1999; use J1561

▲**P9016** Red blood cells, leukocytes reduced, each unit

▲**P9017** Fresh frozen plasma (single donor), each unit

(P9018) Code deleted 2001

▲	P9019	Platelets, each unit
	P9020	Platelet rich plasma, each unit
	P9021	Red blood cells, each unit
▲	P9022	Red blood cells, washed, each unit
	P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit
●	P9031	Platelets, leukocytes reduced, each unit
●	P9032	Platelets, irradiated, each unit
●	P9033	Platelets, leukocytes reduced, irradiated, each unit
●	P9034	Platelets, pheresis, each unit
●	P9035	Platelets, pheresis, leukocytes reduced, each unit
●	P9036	Platelets, pheresis, irradiated, each unit
●	P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit
●	P9038	Red blood cells, irradiated, each unit
●	P9039	Red blood cells, deglycerolized, each unit
●	P9040	Red blood cells, leukocytes reduced, irradiated, each unit
●	P9041	Infusion, albumin (human), 5%, 50 ml
●	P9042	Infusion, albumin (human), 25%, 10 ml
●	P9043	Infusion, plasma protein fraction (human), 5%, 50 ml
●	P9044	Plasma, cryoprecipitate reduced, each unit
	P9603	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled
	P9604	prorated trip charge

(P9605) Code deleted 1996; see G0001

(P9610) Code deleted 1999; use P9612

P9612 Catheterization for collection of specimen; single patient, all places of service

P9615 multiple patients

TEMPORARY CODES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the TEMPORARY CODES section that have "notes" are as follows:

Subsection	Code Numbers
Temporary codes	Q0000-Q9999

2. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

3. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with TEMPORARY CODES are as follows:

   -CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

   -LL Lease/rental (used when DME equipment rental is to be applied against the purchase price)

   -LR Laboratory round trip

   -QC Single channel monitoring

   -QD Recording and storage in solid state memory by a digital recorder

-QE Prescribed amount of oxygen is less than 1 liter per minute (LPM)

-QF Prescribed amount of oxygen exceeds 4 liters per minute (LPM) and portable oxygen is prescribed

-QG Prescribed amount of oxygen is greater than 4 liters per minute (LPM)

-QH Oxygen conserving device is being used with an oxygen delivery system

-QT Recording and storage on tape by an analog tape recorder

-RP Replacement and repair (may be used to indicate replacement of DME, orthotic and prosthetic devices that have been in use for some time. The claim shows the code for the part, followed by the "RP" modifier and the charge for the part.)

-RR Rental (used when DME is to be rented)

-TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under these circumstances, the technical component charge is identified by adding the modifier -TC to the usual procedure code. Technical component charges are institutional charges and are not billed separately by physicians. Portable x-ray suppliers bill only for the technical component however, and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.

-UE Used durable medical equipment

4. **CPT CODE CROSS-REFERENCE:** See sections for equivalent CPT code(s) for all listings in this section.

Temporary Codes

NOTE: Temporary codes are national codes given by HCFA on a temporary basis. The list contains current codes, as well as those which have been superseded by permanent alphanumeric codes as indicated by the cross-reference.

(Q0034) Code deleted 2001

Q0035 Cardiokymography

(Q0068) Code deleted 2000; use CPT Level I HCPCS code 36521

Q0081 Infusion therapy, using other than chemotherapeutic drugs, per visit

(Q0082) Code deleted 2001

Q0083 Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit

Q0084 Chemotherapy administration by infusion technique only, per visit

Q0085 Chemotherapy administration by both infusion technique and other technique(s) (e.g., subcutaneous, intramuscular, push), per visit

Q0086 Physical therapy evaluation/treatment, per visit

Q0091 Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory

Q0092 Set-up portable x-ray equipment

(Q0103) Code deleted 1998; use 97001

(Q0104) Code deleted 1998; use 97002

(Q0109) Code deleted 1998; use 97003

(Q0110) Code deleted 1998; use 97004

Q0111 Wet mounts, including preparations of vaginal, cervical or skin specimens

Q0112 All potassium hydroxide (koh) preparations

Q0113 Pinworm examinations

Q0114 Fern test

Q0115 Post-coital direct, qualitative examinations of vaginal or cervical mucous

(Q0116) Code deleted 1997

(Q0117) Code deleted 1995; see A5500

(Q0118) Code deleted 1995; see A5501

(Q0119) Code deleted 1995; see A5502

(Q0120) Code deleted 1995; see A5503

(Q0121) Code deleted 1995; see A5504

(Q0122) Code deleted 1995; see A5505

(Q0123) Code deleted 1995; see A5506

(Q0124) Code deleted 1995

(Q0125) Code deleted 1995; see J9265

(Q0126) Code deleted 1996

(Q0127) Code deleted 1995; see J8530

(Q0128) Code deleted 1995; see J8560

(Q0129) Code deleted 1995; see J8610

(Q0130) Code deleted 1995; see J8600

(Q0132) Code deleted 2000; use E0590

(Q0133) Code deleted 1995; see A5507

(Q0134) Code deleted 1995; see L8603

(Q0135) Code deleted 1995; see A4643

Q0136 Injection, epoetin alpha, (for non ESRD use), per 1,000 units

(Q0137) Code deleted 1996; see J1095

(Q0138) Code deleted 1996; see J1095

(Q0139) Code deleted 1996; see J2597

(Q0140) Code deleted 1996; see J3480

(Q0141) Code deleted 1996; see J3475

(Q0142) Code deleted 1996; see A9505

(Q0143) Code deleted 1996; see A9500

Q0144 Azithromycin dihydrate, oral, capsules/powder, 1 gram

(Q0156) Code deleted 2001

(Q0157) Code deleted 2001

(Q0158) Code deleted 1998; use 90748

(Q0159) Code deleted 1999; use J0151

Q0160 Factor IX (antihemophilic factor, purified, non-recombinant), per I.U.

Q0161 Factor IX (antihemophilic factor, recombinant), per I.U.

(Q0162) Code deleted 1999; use P9612

Q0163 Diphenhydramine HCl, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen

Q0164 Prochlorperazine maleate, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Q0165 Prochlorperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Q0166 Granisetron HCl, 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen

Q0167 Dronabinol, 2.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Q0168 Dronabinol, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Q0169 Promethazine HCl, 12.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Q0170 Promethazine HCl, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Q0171 Chlorpromazine HCl, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Q0172 Chlorpromazine HCl, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Q0173 Trimethobenzamide HCl, 250 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Q0174 Thiethylperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Q0175 Perphenzaine, 4 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Q0176 Perphenzaine, 8 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Q0177 Hydroxyzine pamoate, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Q0178 Hydroxyzine pamoate, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Q0179 Ondansetron HCl, 8 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Q0180 Dolasetron mesylate, 100 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen

Q0181 Unspecified oral dosage form, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

(Q0182) Code deleted 1999; use J0275

Q0183 Dermal tissue, of human origin, with and without other bioengineered or processed elements; but without metabolically active elements, per square centimeter

Q0184 with metabolically active elements, per square centimeter

Q0185 Dermal and epidermal tissue, of human origin, with or without bioengineered or processed elements, with metabolically active elements, per square centimeter

(Q0186) Code deleted 2001; use A0432

Q0187 Factor VIIa (coagulation factor, recombinant) per 1.2 mg

(Q0188) Code deleted 2001; use A9700

Q1001 New technology intraocular lense category 1 as defined in Federal Register notice

Q1002 New technology intraocular lense category 2 as defined in Federal Register notice

Q1003 New technology intraocular lense category 3 as defined in Federal Register notice

Q1004 New technology intraocular lense category 4 as defined in Federal Register notice

Q1005 New technology intraocular lense category 5 as defined in Federal Register notice

● **Q2001** Oral, cabergoline, 0.5 mg

● **Q2002** Injection, Elliotts b solution, per ml

● **Q2003** Injection, aprotinin, 10,000 KIU

● **Q2004** Irrigation solution for treatment of bladder calculi, for example Renacidin, per 500 ml

● **Q2005** Injection, corticorelin ovine triflutate, per dose

● **Q2006** Injection, digoxin immune fab (ovine), per vial

● **Q2007** Injection, ethanolamine oleate, 100 mg

● **Q2008** Injection, fomepizole, 1.5 mg

● **Q2009** Injection, fosphenytoin, 50 mg

● **Q2010** Injection, glatiramer acetate, per dose

● **Q2011** Injection, hemin, per 1 mg

- **Q2012** Injection, pegademase bovine, 25 IU
- **Q2013** Injection, pentastarch, 10 % solution, per 100 ml
- **Q2014** Injection, sermorelin acetate, 0.5 mg
- **Q2015** Injection, somatrem, 5 mg
- **Q2016** Injection, somatropin, 1 mg
- **Q2017** Injection, teniposide, 50 mg
- **Q2018** Injection, urofollitropin, 75 IU
- **Q2019** Injection, basiliximab, 20 mg
- **Q2020** Injection, histrelin acetate, 10 mg
- **Q2021** Injection, lepirudin, 50 mg
- **Q2022** Von Willebrand factor complex, human, per IU
- **Q3001** Radioelements for brachytherapy, any type, each
- **Q3002** Supply of radiopharmaceutical diagnostic imaging agent; gallium Ga 67, per mci
- **Q3003** technetium Tc99M bicisate, per unit dose
- **Q3004** xenon Xe 133, per 10 mci
- **Q3005** technetium Tc99M mertiatide, per mci
- **Q3006** technetium Tc99M glucepatate, per 5 mci
- **Q3007** sodium phosphate P32, per mci
- **Q3008** indium 111-In pentetreotide, per 3 mci
- **Q3009** technetium Tc99M oxidronate, per mci
- **Q3010** technetium Tc99M-labeled red blood cells, per mci
- **Q3011** chromic phosphate P32 suspension, per mci
- **Q3012** Supply of oral radiopharmaceutical diagnostic imaging agent, cyanocobalamin cobalt Co57, per 0.5 mci

INJECTION CODES FOR EPO

Q9920	Injection of EPO, per 1000 units; at patient HCT of 20 or less
Q9921	at patient HCT of 21
Q9922	at patient HCT of 22
Q9923	at patient HCT of 23
Q9924	at patient HCT of 24
Q9925	at patient HCT of 25
Q9926	at patient HCT of 26
Q9927	at patient HCT of 27
Q9928	at patient HCT of 28
Q9929	at patient HCT of 29
Q9930	at patient HCT of 30
Q9931	at patient HCT of 31
Q9932	at patient HCT of 32
Q9933	at patient HCT of 33
Q9934	at patient HCT of 34
Q9935	at patient HCT of 35
Q9936	at patient HCT of 36
Q9937	at patient HCT of 37
Q9938	at patient HCT of 38
Q9939	at patient HCT of 39
Q9940	at patient HCT of 40 or above

DIAGNOSTIC RADIOLOGY SERVICES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

2. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with DIAGNOSTIC RADIOLOGY SERVICES are as follows:

   -CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

   -LT Left side (used to identify procedures performed on the left side of the body)

   -RT Right side (used to identify procedures performed on the right side of the body)

   -TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers bill only for the technical component and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.

3. **CPT CODE CROSS-REFERENCE:** There are no equivalent CPT codes for procedures listed in this section.

Diagnostic Radiology Services

R0070 Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location; one patient seen

R0075 more than one patient seen, per patient

R0076 Transportation of portable EKG to facility or location, per patient

PRIVATE PAYER CODES

Guidelines

As of 2000, "S" codes have been added to HCPCS. These codes are temporary national codes established by the private payers for private payer use. Prior to using "S" codes on insurance claims to private payers, you should consult with the payer to confirm that the "S" codes are acceptable. "S" codes are not valid for Medicare use.

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here.

1. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

2. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes.

Private Payer Codes

S0009 Injection, butorphanol tartrate, 1 mg

(S0010) Code deleted 2001; use Q2015

(S0011) Code deleted 2001; use Q2016

S0012 Butorphanol tartrate, nasal spray, 25 mg

S0014 Tacrine HCl, 10 mg

S0016 Injection, amikacin sulfate, 500 mg

S0017 Injection, aminocaproic acid, 5 g

S0020 Injection, bupivicaine HCl, 30 ml

S0021 Injection, ceftoperazone sodium, 1 g

S0023 Injection, cimetidine HCl, 300 mg

S0024 Injection, ciprofloxacin, 200 mg

S0028 Injection, fanotidine, 20 mg

S0029 Injection, fluconazole, 400 mg

S0030 Injection, metronidazole, 500 mg

S0032 Injection, nafcillin sodium, 2 g

S0034 Injection, ofloxacin, 400 mg

S0039 Injection, sulfamethoxazole and trimethoprim, 10 ml

S0040 Injection, ticarcillin disodium and clavulanate potassium, 3.1 g

S0071 Injection, acyclovir sodium, 50 mg

S0072 Injection, amikacin sulfate, 100 mg

S0073 Injection, aztreonam, 500 mg

S0074 Injection, cefotetan disodium, 500 mg

S0077 Injection, clindamycin phosphate, 300 mg

S0078 Injection, fosphenytoin sodium, 750 mg

S0080 Injection, pentamidine isethionate, 300 mg

S0081 Injection, piperacillin sodium, 500 mg

● **S0085** Injection, gatifloxacin, 200 mg

● **S0086** Injection, verteporfin, 15 mg

S0090 Sildenafil citrate, 25 mg

S0096 Injection, itraconazole, 200 mg

(S0097) Code deleted 2001; use J1742

(S0098) Code deleted 2001

● **S0156** Exemestane, 25 mg

● **S0157** Becaplermin gel 0.01%, 0.5 gram

● **S0220** Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes

● **S0221** Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 60 minutes

S0601 Screening proctoscopy

S0605 Digital rectal examination, annual

S0610 Annual gynecological examination; new patient

S0612 established patient

S0620 Routine ophthalmological examination including refraction; new patient

S0621 established patient

● **S0630** Removal of sutures by a physician other than the physician who originally closed the wound

S0800 Laser in situ keratomileusis (LASIK)

S0810 Photorefractive keratectomy (PRK)

● **S0820** Computerized corneal topography, unilateral

● **S0830** Ultrasound pachymetry to determine corneal thickness, with interpretation and report, unilateral

● **S1015** IV tubing extension set

● **S1016** Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC, e.g., paclitaxel

(S2050) Code deleted 2001; use 44132

S2052 Transplantation of small intestine allograft

S2053 Transplantation of small intestine and liver allografts

S2054 Transplantation of multivisceral organs

S2055 Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor

● S2060 Lobar lung transplantation

● S2061 Donor lobectomy (lung) for transplantation, living donor

● S2102 Islet cell tissue transplant from pancreas

● S2103 Adrenal tissue transplant to brain

(S2109) Code deleted 2001; use J7330

● S2120 Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation

● S2140 Cord blood harvesting for transplantation, allogenic

● S2142 Cord blood-derived stem cell transplantation, allogenic

● S2180 Donor leukocyte infusion (e.g., DLI, donor lymphocyte infusion, donor buffy coat cell transfusion, donor peripheral blood monocyte transfusion)

(S2190) Code deleted 2001; use 11980

● S2202 Echosclerotherapy

(S2204) Code deleted 2001; use 33140

S2205 Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft

S2206 using arterial graft(s), two coronary arterial grafts

S2207 using venous graft only, single coronary venous graft

S2208 using single arterial and venous graft(s), single venous graft

S2209 using two arterial grafts and single venous graft

S2210 Cryosurgical ablation (in situ destruction) of tumorous tissue, one or more lesions; liver

● **S2220** Thrombectomy, coronary; by mechanical means (e.g., using rheolytic catheter)

S2300 Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy

● **S2340** Chemodenervation of abductor muscle(s) of vocal cord

S2350 Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace

S2351 Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)

● **S2370** Intradiscal electrothermal therapy, single interspace

● **S2371** Each additional interspace (list separately in addition to code for primary procedure)

● **S3620** Newborn metabolic screening panel, includes test kit, postage and the following tests: hemoglobin; electrophoresis; hydroxyprogesterone; 17-D; phenalanine (PKU); and thyroxine, total

S3645 HIV-1 antibody testing of oral mucosal transudate

S3650 Saliva test, hormone level; during menopause

S3652 to assess preterm labor risk

● **S3700** Bladder tumor-associated antigen test

● **S3708** Gastrointestinal fat absorption study

● **S3902** Ballistocardiogram

- **S3904** Masters two step
- **S3906** Transfusion, direct, blood or blood components
- **S5000** Prescription drug, generic
- **S5001** Prescription drug, brand name
- **S5002** Fat emulsion 10% in 250 ml, with administration set
- **S5003** Fat emulsion 20% in 250 ml, with administration set
- **S5010** 5% dextrose and 45% normal saline, 1000 ml
- **S5011** 5% dextrose in lactated ringer's, 1000 ml
- **S5012** 5% dextrose with potassium chloride, 1000 ml
- **S5013** 5% dextrose/45% normal saline with potassium chloride and magnesium sulfate, 1000 ml
- **S5014** 5% dextrose/45% normal saline with potassium chloride and magnesium sulfate, 1500 ml
- **S5016** Antibiotic administration supplies (with pump), per diem
- **S5017** Antibiotic administration supplies (without pump), per diem
- **S5018** Pain therapy administration supplies (PCA or continuous), per diem
- **S5019** Chemotherapy administration supplies (with pump), per diem
- **S5020** Chemotherapy administration supplies (without pump), per diem
- **S5021** Hydration therapy administration supplies, per diem
- **S5022** Growth hormone therapy (e.g., protropin, hymatrope)
- **S5025** Infusion pump rental, per diem
- **S5503** Maintenance of implanted vascular access device, including supplies; per diem

●	**S8001**	Radiofrequency stimulation of the thalamus for tremor accomplished by stereotactic method, including burr holes, localizing and recording techniques and placement of the electrodes
	S8035	Magnetic source imaging
	S8040	Topographic brain mapping
	(S8048)	Code deleted 2001; use 36823
	S8049	Intraoperative radiation therapy (single administration)
	(S8060)	Code deleted 2001; use A9700
●	**S8080**	Scintimammography (radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical
●	**S8085**	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (non-dedicated PET scan)
	S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)
	S8095	Wig (for medically-induced hair loss)
	S8096	Portable peak flow meter
●	**S8105**	Oximeter for measuring blood oxygen levels noninvasively
	S8110	Peak expiratory flow rate (physician services)
	S8200	Chest compression vest
	S8205	Chest compression system generator and hoses (for use with chest compression vest - S8200)
●	**S8210**	Mucus trap
	S8260	Oral orthotic for treatment of sleep apnea, includes fitting, fabrication, and materials
	(S8300)	Code deleted 2001
●	**S8400**	Incontinence pants, each

● S8402	Diapers, each
● S8405	Incontinence liners, each
S8950	Complex lymphedema therapy, each 15 min
● S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)
S9001	Home uterine monitor with or without associated nursing services
● S9007	Ultrafiltration monitor
● S9015	Automated EEG monitoring
S9022	Digital subraction angiography (use in addition to CPT code for the procedure for further identification)
S9023	Xenon regional cerebral blood flow studies
S9024	Paranasal sinus ultrasound
● S9025	Omnicardiogram/cardiointegram
(S9033)	Code deleted 2001; use 95979, 95986
● S9035	Medical equipment or supplies distributed by home care provider without professional nursing intervention, per diem
S9055	Procuren or other growth factor preparation to promote wound healing
S9056	Coma stimulation per diem
● S9061	Medical supplies and equipment rental distributed by the home care provider; aerosolized drug therapy, per diem
S9075	Smoking cessation treatment
S9085	Meniscal allograft transplantation
● S9088	Services provided in an urgent care center
S9090	Vertebral axial decompression, per session

S9122 Home health aide or certified nurse assistant, providing care in the home; per hour

S9123 Nursing care, in the home; by registered nurse, per hour

S9124 by licensed practical nurse, per hour

S9125 Respite care, in the home, per diem

S9126 Hospice care, in the home, per diem

S9127 Social work visit, in the home, per diem

S9128 Speech therapy, in the home, per diem

S9129 Occupational therapy, in the home, per diem

S9140 Diabetic management program; follow-up visit to non-MD provider

S9141 follow-up visit to MD provider

● **S9200** Nursing services and all necessary supplies (including PCA pump rental) for home administration of patient controlled analgesia (PCA) per diem (drugs not included)

● **S9210** Nursing services and all necessary equipment and supplies for continuous, uninterupted infusion of epoprostenol (includes venous access device, infusion pump, back up pump, ice packs for cassettes, batteries, all related supplies, and all nursing services including follow-up visits, telephone monitoring, 24 hour/7 day a week availability, and all education to patient and care givers); per diem

● **S9220** Nursing services and all necessary equipment and supplies for home administration of controlled rate intravenous infusion (e.g., dobutamine) requiring prolonged attendance by the nurse, per diem (drugs not included)

● **S9225** Nursing services and all necessary equipment and supplies for home administration of intravenous tocolytic therapy, per diem

● **S9230** Nursing services and all necessary equipment and supplies for home administration of heparin, per diem

● **S9300** Nursing services and all necessary supplies for home enteral feeding by gravity, per diem (enteral formula not included)

● **S9308** Nursing services and all necessary supplies for home enteral feeding by pump, including pump rental, per diem (enteral formula not included)

● **S3910** Nursing services and all necessary supplies for home parenteral nutrition without lipids, inlcuding pump rental, per diem (parenteral solutions not included)

● **S9395** Nursing services and all necessary supplies and additives for home IV hydration (via gravity or pump), per diem (hydration solution and drugs not included)

● **S9420** Nursing services and all necessary supplies for interim home maintenance of implanted vascular access port/catheter/reservoir, per diem (for interim maintenance of vascular access not currently in use)

● **S9423** Nursing services, patient assessment and education, follow-up visits, electronic programmer and equipment (use of computer), programming of the pump, all necessary supplies, products or services for intrathecal drug infusion, per diem

● **S9425** Nursing services and all necessary supplies and additives for home IV chmotherapy (via IV push, gravity drip, stationary pump, ambulatory belt pump), per diem (hydration solution and drugs not included)

● **S9435** Medical foods for inborn errors of metabolism

S9455 Diabetic management program; group session

S9460 nurse visit

S9465 dietician visit

S9470 Nutritional counseling, dietitian visit

S9472 Cardiac rehabilitation program, non-physician provider, per diem

S9473 Pulmonary rehabilitation program, non-physician provider, per diem

S9474 Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem

S9475 Ambulatory setting substance abuse treatment or detoxification services, per diem

S9480 Intensive outpatient psychiatric services, per diem

S9485 Crisis intervention mental health services, per diem

S9524 Nursing services related to home IV therapy, per diem

● **S9526** Skilled nursing visits for blood product administration, including pump and all related supplies, per service

S9527 Insertion of a peripherally inserted central venous catheter (PICC), including nursing services and all supplies

S9528 Insertion of midline central venous catheter, including nursing services and all supplies

● **S9533** Pain management, intravenous, epidural or subcutaneous, including solution, equipment rental, nursing care, and supplies, per diem (drugs not included)

● **S9535** Administration of hematopoietic hormones (e.g., erythropoietin, G-CSF, GM-CSF) or platelets, intravenously, in the home setting, including all nursing care, equipment and supplies, per diem

● **S9539** Administration of antibiotics, intravenously, in the home setting, including all nursing care, equipment and supplies, per diem

S9543 Administration of medication, intramuscularly, epidurally, or subcutaneously, in the home setting, including all nursing care, equipment, and supplies; per diem

● **S9545** Administration of immune globulin, intravenously, in the home setting, including all nursing care, equipment and supplies, per diem

● **S9550** Home IV therapy, hydration fluids and electrolytes, including all nursing care, equipment and supplies, per diem

● **S9555** Additional home infusion therapy, including all nursing care, equipment, and supplies, each therapy, per diem (S9555 should be used in addition to the code for the primary therapy)

S9990 Services provided as part of a phase II clinical trial

S9991 Services provided as part of a phase III clinical trial

S9992 Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion

S9994 Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion

S9996 Meals for clinical trial participant and one caregiver/companion

S9999 Sales tax

VISION SERVICES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **SUBSECTION INFORMATION:** Some of the listed subheadings or subsections have special needs or instructions unique to that section. Where these are indicated, special "notes" will be presented preceding or following the listings. Those subsections within the VISION SERVICES section that have "notes" are as follows:

Subsection	Code Numbers
Spectacle lenses	V2100-V2499
Contact lenses	V2500-V2599
Low vision aids	V2600-V2615

2. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for VISION SERVICES are as follows:

V2199	Not otherwise classified, single vision lens, bifocal, glass or plastic
V2499	Variable sphericity lens, other type
V2599	Not otherwise classified, contact lens
V2629	Prosthetic eye, other type
V2799	Vision service, miscellaneous

3. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

4. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with VISION SERVICES are as follows:

   -AP Determination of refractive state was not performed in the course of diagnostic ophthalmological examination

   -CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

   -LS FDA-monitored intraocular lens implant

   -LT Left side (used to identify procedures performed on the left side of the body)

   -PL Progressive addition lenses

   -RT Right side (used to identify procedures performed on the right side of the body)

   -SF Second opinion ordered by a professional review organization (PRO) per section 9401, P.L. 99-272. (100 percent reimbursement; no Medicare deductible or coinsurance)

   -TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers bill only for the technical component and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.

   -VP Aphakic patient

5. **CPT CODE CROSS-REFERENCE:** See sections for equivalent CPT code(s) for all listings in this section.

Vision Services

FRAMES

V2020 Frames, purchases

V2025 Deluxe frame

SPECTACLE LENSES

NOTE: If CPT code 92390 or 92395 is reported, recode with the specific lens type listed below. For aphakic temporary spectacle correction, see CPT code 92358.

SINGLE VISION, GLASS OR PLASTIC

V2100 Sphere, single vision; plano to plus or minus 4.00, per lens

V2101 plus or minus 4.12 to plus or minus 7.00d, per lens

V2102 plus or minus 7.12 to plus or minus 20.00d, per lens

V2103 Spherocylinder, single vision, plano to plus or minus 4.00d sphere; .12 to 2.00d cylinder, per lens

V2104 2.12 to 4.00d cylinder, per lens

V2105 4.25 to 6.00d cylinder, per lens

V2106 over 6.00d cylinder, per lens

V2107 Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere; .12 to 2.00d cylinder, per lens

V2108 2.12 To 4.00d cylinder, per lens

V2109 4.25 to 6.00d cylinder, per lens

V2110 over 6.00d cylinder, per lens

V2111 Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere; .25 to 2.25d cylinder, per lens

V2112 2.25d to 4.00d cylinder, per lens

V2113 4.25 to 6.00d cylinder, per lens

V2114 Spherocylinder, single vision, sphere over plus or minus 12.00d per lens

V2115 Lenticular, (myodisc), per lens, single vision

V2116 Lenticular lens, nonaspheric, per lens, single vision

V2117 Lenticular, aspheric, per lings, single vision

V2118 Aniseikonic lens, single vision

V2199 Not otherwise classified, single vision lens

BIFOCAL, GLASS OR PLASTIC

(Up to and including 28mm seg width, add power up to and including 3.25d)

V2200 Sphere, bifocal, plano to plus or minus 4.00d, per lens

V2201 Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens

V2202 Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens

V2203 Spherocylinder, bifocal, plano to plus or minus 4.00d sphere; .12 to 2.00d cylinder, per lens

V2204 2.12 to 4.00d cylinder, per lens

V2205 4.25 to 6.00d cylinder, per lens

V2206 over 6.00d cylinder, per lens

V2207 Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere; .12 to 2.00d cylinder, per lens

V2208 2.12 to 4.00d cylinder, per lens

V2209 4.25 to 6.00d cylinder, per lens

V2210 over 6.00d cylinder, per lens

V2211 Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere; .25 to 2.25d cylinder, per lens

V2212 2.25 to 4.00d cylinder, per lens

V2213 4.25 to 6.00d cylinder, per lens

V2214 Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens

V2215 Lenticular (myodisc), per lens, bifocal

V2216 Lenticular, nonaspheric, per lens, bifocal

V2217 Lenticular, aspheric lens, bifocal

V2218 Aniseikonic, per lens, bifocal

V2219 Bifocal seg width over 28mm

V2220 Bifocal add over 3.25d

V2299 Specialty bifocal (by report)

TRIFOCAL, GLASS OR PLASTIC

(Up to and including 28mm seg width, add power up to and including 3.25d)

V2300 Sphere, trifocal, plano to plus or minus 4.00d, per lens

V2301 Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d, per lens

V2302 Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens

V2303 Spherocylinder, trifocal, plano to plus or minus 4.00d sphere; .12 to 2.00d cylinder, per lens

V2304 2.25 to 4.00d cylinder, per lens

V2305 4.25 to 6.00d cylinder, per lens

V2306 over 6.00d cylinder, per lens

V2307 Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere; .12 to 2.00d cylinder, per lens

V2308 2.12 to 4.00d cylinder, per lens

V2309 4.25 to 6.00d cylinder, per lens

V2310 over 6.00d cylinder, per lens

V2311 Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere; .25 to 2.25d cylinder, per lens

V2312 2.25 to 4.00d cylinder, per lens

V2313 4.25 to 6.00d cylinder, per lens

V2314 Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens

V2315 Lenticular, (myodisc), per lens, trifocal

V2316 Lenticular, nonaspheric, per lens, trifocal

V2317 Lenticular, aspheric lens, trifocal

V2318 Aniseikonic lens, trifocal

V2319 Trifocal seg width over 28mm

V2320 Trifocal add over 3.25d

V2399 Specialty trifocal (by report)

VARIABLE ASPHERICITY

(Welsh 4-drop, hyperaspheric, double drop, etc.)

V2410 Variable asphericity lens; single vision, full field, glass or plastic, per lens

V2430 bifocal, full field, glass or plastic, per lens

V2499 other type

CONTACT LENSES (CPT 92391 OR 92396)

NOTE: If CPT code 92391 or 92396 is reported, recode with specific lens type listed below, per lens.

V2500 Contact lens, PMMA; spherical, per lens

V2501 toric or prism ballast, per lens

V2502 bifocal, per lens

V2503 color vision deficiency, per lens

V2510 Contact lens, gas permeable; spherical, per lens

V2511 toric, prism ballast, per lens

V2512 bifocal, per lens

V2513 extended wear, per lens

V2520 Contact lens hydrophilic; spherical, per lens

V2521 toric, or prism ballast, per lens

V2522 bifocal, per lens

V2523 extended wear, per lens

V2530 Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)

V2531 Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)

V2599 Contact lens, other type

LOW VISION AIDS (CPT 92392)

NOTE: If CPT code 92392 is reported, record with specific systems listed below.

V2600 Hand held low vision aids and other nonspectacle mounted aids

V2610 Single lens spectacle mounted low vision aids

V2615 Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system

EYE PROSTHESIS

PROSTHETIC EYE (CPT 92330 OR 92393)

V2623 Prosthetic, eye; plastic, custom

V2624 Polishing/resurfacing or ocular prosthesis

V2625 Enlargement of ocular prosthesis

V2626 Reduction of ocular prosthesis

V2627 Scleral cover shell

V2628 Fabrication and fitting of ocular conformer

V2629 Prosthetic eye, other type

INTRAOCULAR LENSES

V2630 Anterior chamber intraocular lens

V2631 Iris supported intraocular lens

V2632 Posterior chamber intraocular lens

MISCELLANEOUS

V2700 Balance lens, per lens

V2710 Slab off prism, glass or plastic, per lens

V2715 Prism, per lens

V2718 Press-on lens, fresnell prism, per lens

V2730 Special base curve, glass or plastic, per lens

V2740 Tint; plastic, rose 1 or 2, per lens

V2741 plastic, other than rose 1 or 2, per lens

	V2742	glass rose 1 or 2, per lens
	V2743	glass other than rose 1 or 2, per lens
	V2744	photochromatic, per lens
	V2750	Anti-reflective coating, per lens
	V2755	U-V lens, per lens
	V2760	Scratch resistant coating, per lens
	V2770	Occluder lens, per lens
	V2780	Oversize lens, per lens
	V2781	Progressive lens, per lens
	V2785	Processing, preserving and transporting corneal tissue
•	**V2790**	Amniotic membrane for surgical reconstruction, per procedure
	V2799	Vision service, miscellaneous

HEARING SERVICES

Guidelines

In addition to the information presented in the INTRODUCTION, several other items unique to this section are defined or identified here:

1. **PROSTHETIC DEVICES:** Prosthetic devices that replace all or part of an internal body organ or the function of a permanently inoperative or malfunctioning internal body organ are covered when furnished on a physician's order. If the medical record and attending physician indicate the condition will be indefinite, the test of permanence is met.

2. **SPEECH PATHOLOGY:** Services necessary for diagnosing and treating speech disorders that result in communication disabilities, and swallowing disorders, regardless of the presence of a disability, are covered Medicare services if reasonable and necessary. The services must be considered to be an effective treatment for the patient's condition, and the patient's condition must be at a level of severity that requires the service of a qualified speech pathologist.

3. **UNLISTED SERVICE OR PROCEDURE:** A service or procedure may be provided that is not listed in this edition of HCPCS. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as defined below. HCPCS terminology is inconsistent in defining unlisted procedures. The procedure definition may include the term(s) "unlisted", "not otherwise classified", "unspecified", "unclassified", "other" and "miscellaneous". Prior to using these codes, try to determine if a Local Level III code or CPT code is available. The "unlisted procedures" and accompanying codes for HEARING SERVICES are as follows:

V5016	Unlisted audiologic procedure (specify)
V5299	Hearing aid, miscellaneous
V5360	Unlisted speech-language service (specify)

4. **SPECIAL REPORT:** A service, material or supply that is rarely provided, unusual, variable or new may require a special report in determining medical appropriateness for reimbursement purposes. Pertinent information should include an adequate definition or description of the nature, extent, and need for the service, material or supply.

5. **MODIFIERS:** Listed services may be modified under certain circumstances. When appropriate, the modifying circumstance is identified by adding a modifier to the basic procedure code. CPT and HCPCS National Level II modifiers may be used with CPT and HCPCS National Level II procedure codes. Modifiers commonly used with HEARING SERVICES are as follows:

   -CC Procedure code change (use "CC" when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

   -LT Left side (used to identify procedures performed on the left side of the body)

   -RT Right side (used to identify procedures performed on the right side of the body)

   -SF Second opinion ordered by a professional review organization (PRO) per sectoin 9401, P.L. 99-272 (100 percent reimbursement; no Medicare deductible or coinsurance)

   -TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and are not billed separately by physicians. However, portable x-ray suppliers bill only for the technical component and should use modifier -TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.

6. **CPT CODE CROSS-REFERENCE:** See sections for equivalent CPT code(s) for all listings in this section.

Hearing Services

V5008 Hearing screening

V5010 Assessment for hearing aid

V5011 Fitting/orientation/checking of hearing aid

V5014 Repair/modification of a hearing aid

V5020 Conformity evaluation

V5030	Hearing aid, monaural; body worn, air conduction
V5040	body worn, bone conduction
V5050	in the ear
V5060	behind the ear
V5070	Glasses; air conduction
V5080	bone conduction
V5090	Dispensing fee, unspecified hearing aid
V5100	Hearing aid, bilateral, body worn
V5110	Dispensing fee, bilateral
V5120	Binaural; body
V5130	in the ear
V5140	behind the ear
V5150	glasses
V5160	Dispensing fee, binaural
V5170	Hearing aid, CROS; in the ear
V5180	behind the ear
V5190	glasses
V5200	Dispensing fee, CROS
V5210	Hearing aid, bicros; in the ear
V5220	behind the ear
V5230	glasses
V5240	Dispensing fee, bicros
V5299	Hearing service, miscellaneous

SPEECH-LANGUAGE PATHOLOGY SERVICES

V5336 Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)

V5362 Speech screening

V5363 Language screening

V5364 Dysphagia screening

APPENDIX A

HCPCS National Level II Modifiers

The following list is the complete list of HCPCS National Level II modifiers and descriptions.

-AA Anesthesia services performed personally by anesthesiologist

(-AB) Modifier deleted 2000

(-AC) Modifier deleted 2000

-AD Medical supervision by a physician; more than four concurrent anesthesia procedures

(-AE) Modifier deleted 2000

(-AF) Modifier deleted 2000

(-AG) Modifier deleted 2000

-AH Clinical psychologist

-AJ Clinical social worker

(-AK) Modifier deleted 1999

(-AL) Modifier deleted 1999

-AM Physician, team member service

(-AN) Modifier deleted 1999

-AP Determination of refractive state was not performed in the course of diagnostic ophthalmological examination

-AS Physician assistant, nurse practitioner or clinical nurse specialist services for assistant at surgery

-AT Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)

(-AU) Modifier deleted 1999

(-AV) Modifier deleted 1999

(-AW) Modifier deleted 1999

(-AY) Modifier deleted 1999

-BP The beneficiary has been informed of the purchase and rental options and has elected to purchase the item

-BR The beneficiary has been informed of the purchase and rental options and has elected to rent the item

-BU The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision

-CC Procedure code change (use -CC when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

(-DD) Modifier deleted 1997

-E1 Upper left, eyelid

-E2 Lower left, eyelid

-E3 Upper right, eyelid

-E4 Lower right, eyelid

-EJ Subsequent claims for a defined course of therapy, e.g., EPO, sodium hyaluronate, infliximab

-EM Emergency reserve supply (for ESRD benefit only)

-EP Service provided as part of Medicaid early periodic screening, diagnosis, and treatment (EPSDT) program

-ET Emergency treatment (dental procedures performed in emergency situations should show the modifier -ET)

-F1 Left hand, second digit

-F2 Left hand, third digit

-F3 Left hand, fourth digit

-F4 Left hand, fifth digit

-F5 Right hand, thumb

-F6 Right hand, second digit

-F7 Right hand, third digit

-F8 Right hand, fourth digit

-F9 Right hand, fifth digit

-FA Left hand, thumb

-FP Service provided as part of Medicaid family planning program

-G1 Most recent URR reading of less than 60

-G2 Most recent URR reading of 60 to 64.9

-G3 Most recent URR reading of 65 to 69.9

-G4 Most recent URR reading of 70 to 74.9

-G5 Most recent URR reading of 75 or greater

-G6 ESRD patient for whom less than six dialysis sessions have been provided in a month

-G7 Pregnancy resulted from rape or incest or pregnancy certified by physician as life threatening

-G8 Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedure

-G9 Monitored anesthesia care for patient who has history of severe cardio-pulmonary condition

-GA Wiaver of liability statement on file

(-GB) Modifier deleted 1997; use -59

-GC This service has been performed in part by a resident under the direction of a teaching physician

-GE This service has been performed by a resident without the presence of a teaching physician under the primary care exception

-GH Diagnostic mammogram converted from screening mammogram on same day

-GJ "Opt Out" physician or practitioner emergency or urgent service

-GN Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care

-GO Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care

-GP Service delivered personally by a physical therapist or under an outpatient physical therapy plan of care

-GT Via interactive audio and video telecommunication systems

-GX Service not covered by Medicare

● **-GU** Procedure performed in non fee schedule place of service

-K0 Lower extremity prosthesis functional level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility

-K1 Lower extremity prosthesis functional level 1: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.

-K2 Lower extremity prosthesis functional level 2: Has the ability or potential for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.

-K3 Lower extremity prosthesis functional level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic or exercise activity that demands prosthetic utilization beyond simple locomotion.

-K4 Lower prosthesis functional level 4: Has the ability or potential for prosthetic ambulation that exceeds the basic ambulation skills, exhibiting high impact, stress or energy levels, typical of the prosthetic demands of the child, active adult, or athlete.

-KA Add on option/accessory for wheelchair

(-KB) Modifier deleted 1995

(-KC) Modifier deleted 1995

(-KD) Modifier deleted 1995

(-KE) Modifier deleted 1995

(-KF) Modifier deleted 1995

(-KG) Modifier deleted 1995

-KH DMEPOS item, initial claim, purchase or first month rental

-KI DMEPOS item, second or third month rental

-KJ DMEPOS item, parenteral enteral nutrition (PEN) pump or capped rental, months four to fifteen

(-KK) Modifier deleted 2001

(-KL) Modifier deleted 2001

-KM Replacement of facial prosthesis including new impression/ moulage

-KN Replacement of facial prosthesis using previous master model

-KO Single drug unit dose formulation

-KP First drug of a multiple drug unit dose formulation

-KQ Second or subsequent drug of a multiple drug unit dose formulation

-KS Glucose monitor supply for diabetic beneficiary not treated with insulin

-LC Left circumflex coronary artery

-LD Left anterior descending coronary artery

-LL Lease/rental (use the -LL modifier when DME equipment rental is to be applied against the purchase price)

-LR Laboratory round trip

-LS FDA-monitored intraocular lens implant

-LT Left side (used to identify procedures performed on the left side of the body)

(-MP) Modifier deleted 1996

-MS Six-month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty

-NR New when rented (use the -NR modifier when DME which was new at the time of rental is subsequently purchased)

-NU	New equipment
-PL	Progressive addition lenses
(-Q1)	Modifier deleted 1998
-Q2	HCFA/ORD demonstration project procedure/service
-Q3	Live kidney donor: services associated with postoperative medical complications directly related to the donation
-Q4	Service for ordering/referring physician qualifies as a service exemption
-Q5	Service furnished by a substitute physician under a reciprocal billing arrangement
-Q6	Service furnished by a locum tenens physician
-Q7	One class A finding
-Q8	Two class B findings
-Q9	One class B and two class C findings
-QA	FDA investigational device exemption
-QB	Physician providing service in a rural HPSA
-QC	Single channel monitoring
-QD	Recording and storage in solid state memory by a digital recorder
-QE	Prescribed amount of oxygen is less than one liter per minute (LPM)
-QF	Prescribed amount of oxygen exceeds 4 liters per minute (LPM) and portable oxygen is prescribed
-QG	Prescribed amount of oxygen is greater than four liters per minute (LPM)

-QH Oxygen conserving device is being used with an oxygen delivery system

(-QJ) Modifier deleted 1995

-QK Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals

-QL Patient pronounced dead after ambulance called

-QM Ambulance service provided under arrangement by a provider of services

-QN Ambulance service furnished directly by a provider of service

(-QO) Modifier deleted 1995

-QP Documentation is on file showing that the laboratory test(s) was ordered individually or ordered as a CPT-recognized panel other than automated profile codes 80002-80019, G0058, G0059, and G0060.

● **-QQ** Claim submitted with a written statement of intent

(-QR) Modifier deleted 2000; use CPT Level I HCPCS modifier -91

-QS Monitored anesthesia care service

-QT Recording and storage on tape by an analog tape recorder

-QU Physician providing services in an urban HPSA

● **-QV** Item or service provided as routine care in a medical qualifying clinical trial....

-QW CLIA waived test

-QX CRNA service: with medical direction by a physician

▲ **-QY** Medical direction of one Certified Registered Nurse Anesthetist by an anesthesiologist

-QZ CRNA service: without medical direction by a physician

-RC Right coronary artery

-RP Replacement and repair (may be used to indicate replacement of DME, orthotic, and prosthetic devices which have been in use for some time. The claim shows the code for the part, followed by the -RP modifier and the charge for the part)

-RR Rental (use the -RR modifier when DME is to be rented)

-RT Right side (used to identify procedures performed on the right side of the body)

-SF Second opinion ordered by a professional review organization (PRO) per section 9401, P.L. 99-272 (100% reimbursement — no Medicare deductible or coinsurance)

-SG Ambulatory surgical center (ASC) facility service

(-SP) Modifier deleted 1996

-T1 Left foot, second digit

-T2 Left foot, third digit

-T3 Left foot, fourth digit

-T4 Left foot, fifth digit

-T5 Right foot, great toe

-T6 Right foot, second digit

-T7 Right foot, third digit

-T8 Right foot, fourth digit

-T9 Right foot, fifth digit

-TA Left foot, great toe

-TC Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians. However, portable x-ray suppliers only bill for technical component and should utilize modifier -TC. The charge date from portable x-ray suppliers will then be used to build customary and prevailing profiles.

-UC Unclassified ambulance service

-UE Used durable medical equipment

-VP Aphakic patient

(-YY) Modifier deleted 1997

(-ZZ) Modifier deleted 1997

AMBULANCE SERVICE MODIFIERS

For ambulance service, one-digit modifiers are combined to form a two-digit modifier that identifies the ambulance's place of origin with the first digit, and ambulance's destination with the second digit. They are used in items 12 and 13 on the HCFA Form 1491.

One digit modifiers:

-D Diagnostic or therapeutic site other than -P or -H when these are used as origin codes

-E Residential, domiciliary, custodial facility (other than an 1819 facility)

-H Hospital

-N Skilled nursing facility (SNF) (1819 facility)

-P Physician's office

-R Residence

-S Scene of accident or acute event

-X (Destination code only) Intermediate stop at physician's office on the way to the hospital

Some two-digit ambulance service modifiers

-AS Ambulance trip to an out-of-state hospital (Medicaid only)

-EE Ambulance trip from an ECF or nursing home to another ECF or nursing home

-EH Ambulance trip from an ECF or nursing home to a hospital

-EP Ambulance trip from an ECF or nursing home to a physician's office

-ER Ambulance trip from an ECF or nursing home to a patient's residence

-HE Ambulance trip from a hospital to an ECF or nursing home

-HH Ambulance trip for discharge/transfer from one hospital to another hospital

-HR Ambulance trip from a hospital to a patient's residence

-HT Ambulance trip from one hospital to another for diagnostic and/or therapeutic services and return

-PH Ambulance trip from a physician's office to a hospital

-RA Ambulance trip from the patient's residence to a physician's office

-RE Ambulance trip from the patient's residence to an ECF or nursing home

-RH Ambulance trip from the patient's residence to a hospital

-SH Ambulance trip from the scene of an accident to a hospital

-UC Unclassified ambulance service

APPENDIX B

Summary of HCPCS Additions, Changes and Deletions 2001

GU Procedure performed in non fee schedule place of service
Code added

KK Inhalation solution compounded from an fda approved formulation
Code deleted

KL Product characteristics defined in medical policy are met
Code deleted

QQ Claim submitted with a written statement of intent
Code added

QV Item or service provided as routine care in a medical qualifying clinical trial
Code added

QY Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist
Description changed

A0030 Ambulance service, conventional air service, transport, one way
Code deleted; use A0430

A0040 Ambulance service, air, helicopter service, transport
Code deleted; use A0431

A0050 Ambulance service, emergency, water, special transportation services
Code deleted; use A0429

A0300 Ambulance service, basic life support (bls), non-emergency transport, all inclusive (mileage and supplies)
Code deleted; use A0428

A0302 Ambulance service, bls, emergency transport, all inclusive (mileage and supplies)
Code deleted; use A0429

A0304 Ambulance service, advanced life support (als), non-emergency transport, no specialized als services rendered, all inclusive (mileage and supplies)
Code deleted; use A0428

A0306 Ambulance services, als, non-emergency transport, specialized als services rendered, all inclusive (mileage and supplies)
Code deleted; use A0426

A0308 Ambulance service, als, emergency transport, no specialized als services rendered, all inclusive (mileage and supplies)
Code deleted; use A0429

A0310 Ambulance service, als, emergency transport, specialized als services rendered, all inclusive (mileage and supplies)
Code deleted; use A0427

A0320 Ambuance service, bls, non-emergency transport, supplies included, mileage separately billed
Code deleted; use A0428

A0322 Ambulance service, bls, emergency transport, supplies included, mileage separately billed
Code deleted; use A0429

A0324 Ambulance service, als, non-emergency transport, no specialized als services rendered, supplies included, mileage separately billed
Code deleted; use A0428

A0326 Ambulance service, als, non-emergency transport, specialized als services rendered, supplies included, mileage separately billed
Code deleted; use A0426

A0328 Ambulance service, als, emergency transport, no specialized als services rendered, supplies included, mileage separately billed
Code deleted; use A0429

A0330 Ambulance service, als, emergency transport, specialized als services rendered, supplies included, mileage separately billed
Code deleted; use A0427

A0340 Ambulance service, bls, non-emergency transport, mileage included, disposable supplies separately billed
Code deleted; use A0428

A0342 Ambulance service, bls, emergency transport, mileage included, disposable supplies separately billed
Code deleted; use A0429

A0344 Ambulance service, als, non-emergency transport, no specialized als services rendered, mileage included, disposable supplies separately billed
Code deleted; use A0428

A0346 Ambulance service, als, non-emergency transport, specialized als services rendered, mileage included, disposable supplies separately billed
Code deleted; use A0426

A0348 Ambulance service, als, emergency transport, no specialized als services rendered, mileage included, disposable supplies separately billed
Code deleted; use A0429

A0350 Ambulance service, als, emergency transport, specialized als services rendered, mileage included, disposable supplies separately billed
Code deleted; use A0427

A0360 Ambulance service, bls, non-emergency transport, mileage and disposable supplies separately billed
Code deleted; use A0428

A0362 Ambulance service, bls, emergency transport, mileage and disposable supplies separately billed
Code deleted; use A0429

A0364 Ambulance service, als, non-emergency transport, no specialized als services rendered, mileage and disposable supplies separately billed
Code deleted; use A0428

A0366 Ambulance service, als, non-emergency transport, specialized als services rendered, mileage and disposable supplies separately billed
Code deleted; use A0426

A0370 Ambulance service, als, emergency transport, specialized als services rendered, mileage and disposable supplies separately billed
Code deleted; use A0427

A0380 BLS mileage (per mile)
Code deleted; use A0425

A0390 ALS mileage (per mile)
Code deleted; use A0425

A0425 Ground mileage, per statute mile
Code added

A0426 Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)
Code added

A0427 Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency)
Code added

A0428 Ambulance service, basic life support, non-emergency transport, (BLS)
Code added

A0429 Ambulance service, basic life support, emergency transport (BLS-emergency)
Code added

A0430 Ambulance service, conventional air services, transport, one way (fixed wing)
Code added

A0431 Ambulance service, conventional air services, transport, one way (rotary wing)
Code added

A0432 Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers
Code added

A0433 Advanced life support, level 2 (ALS 2)
Code added

A0434 Specialty care transport (SCT)
Code added

A0435 Fixed wing air mileage, per statute mile
Code added

A0436 Rotary wing air mileage, per statute mile
Code added

A4290 Sacral nerve stimulation test lead, each
Code added

A4319 Sterile water irrigation solution, 1000 ml
Code added

A4324 Male external catheter, with adhesive coating, each
Code added

A4325 Male external catheter, with adhesive strip, each
Code added

A4331 Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
Code added

A4332 Lubricant, individual sterile packet, for insertion of urinary catheter, each
Code added

A4333 Urinary catheter anchoring device, adhesive skin attachment, each
Code added

A4334 Urinary catheter anchoring device, leg strap, each
Code added

A4348 Male external catheter with integral collection compartment, extended wear, each (eg, 2 Per month)
Code added

A4364 Adhesive, liquid, for use with facial prosthesis only, per ounce
Description changed

A4365 Adhesive remover wipes, any type, per 50
Description changed

A4381 Ostomy pouch, urinary, for use on faceplate, plastic, each
Description changed

A4396 Ostomy belt with peristomal hernia support
Code added

A4464 Joint supportive device/garment, elastic or equal, each
Code added

A4560 Pessary
Code deleted

A4561 Pessary, rubber, any type
Code added

A4562 Pessary, non rubber, any type
Code added

A4608 Transtracheal oxygen catheter, each
Code added

A5065 Pouch, drainable, for use on faceplate; plastic or rubber
Code deleted

A5149 Incontinence/ostomy supply; miscellaneous
Code deleted; use A4335, A4421

A6021 Collagen dressing, pad size 16 sq. In. Or less, each
Code added

A6022 Collagen dressing, pad size more than 16 sq. In. But less than or equal to 48 sq. In, Each
Code added

A6023 Collagen dressing, pad size more than 48 sq. In, Each
Code added

A6024 Collagen dressing wound filler, per 6 inches
Code added

A6222 Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. In. Or less, without adhesive border, each dressing
Description changed

A6223 Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 square inches, but less than or equal to 48 square inches, without adhesive border, each dressing
Description changed

A6224 Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 48 square inches, without adhesive border, each dressing
Description changed

A6231 Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. In. Or less, each dressing
Code added

A6232 Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. In, But less than or equal to 48 sq. In, Each dressing
Code added

A6233 Gauze, impregnated, hydrogel for direct wound contact, pad size more than 48 sq. In, Each dressing
Code added

A7018 Water, distilled, used with large volume nebulizer, 1000 ml
Code added

A7019 Saline solution, per 10 ml, metered dose dispenser, for use with inhalation drugs
Code added

A7020 Sterile water or sterile saline, 1000 ml, used with large volume nebulizer
Code added

A7501 Tracheostoma valve, including diaphragm, each
Code added

A7502 Replacement diaphragm/faceplate for tracheostoma valve, each
Code added

A7503 Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each
Code added

A7504 Filter for use in a tracheostoma heat and moisture exchange system, each
Code added

A7505 Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each
Code added

A7506 Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each
Code added

A7507 Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each
Code added

A7508 Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each
Code added

A7509 Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each
Code added

A9508 Supply of radiopharmaceutical diagnostic imaging agent, iobenguane sulfate i-131, per 05 Mci
Code added

A9510 Supply of radiopharmaceutical diagnostic imaging agent, technetium tc99m disofenin, per vial
Code added

A9700 Supply of injectable contrast material for use in echocardiography, per study
Code added

A9900 Miscellaneous dme supply, accessory, and/or service component of another hcpcs Code
Description changed

A9901 DME delivery, set up, and/or dispensing service component of another hcpcs Code
Description changed

B4150 Enteral formulae; category i; semi-synthetic intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit
Description changed

B4151 Enteral formulae; category i; natural intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit
Description changed

B4152 Enteral formulae; category ii; intact protein/protein isolates (calorically dense), administered through an enteral feeding tube, 100 calories = 1 unit
Description changed

B4153 Enteral formulae; category iii; hydrolized protein/amino acids, administered through an enteral feeding tube, 100 calories = 1 unit
Description changed

B4154 Enteral formulae; category iv; defined formula for special metabolic need, administered through an enteral feeding tube, 100 calories = 1 unit
Description changed

B4155 Enteral formulae; category v; modular components, administered through an enteral feeding tube, 100 calories = 1 unit
Description changed

B4156 Enteral formulae; category vi; standardized nutrients, administered through an enteral feeding tube, 100 calories = 1 unit
Description changed

C1000 Closure, arterial vascular device, perclose closer arterial vascular closure device, prostar arterial vascular closure device
Code added

C1001 Catheter, diagnostic ultrasound, acunav diagnostic ultrasound catheter
Code added

C1003 Catheter, ablation, livewire TC ablation catheter 402132, 402133, 402134, 402135, 402136, 402137, 402145, 402146, 402147, 402148, 402149, 402150, 402151, 402152, 402153, 402154, 402155, 402156
Code added

C1004 Fast-cath, swartz, safl, csta, sept, ramp guiding introducer
Code added

C1006 Intraocular lens, array multifocal silicone posterior chamber intraocular lens
Code added

C1007 Prosthesis, penile, ams 700 penile prosthesis, ams ambicor penile prosthesis note: only the ams ambicor penile prosthesis is effective October 1, 2000. The ams 700 penile prosthesis was effective August 1, 2000
Code added

C1008 Stent, urethral, permanent, urolume
Code added

C1009 Plasma, cryoprecipitate reduced, each unit
Code added

C1010 Blood, leukoreduced, cmv-negative, each unit
Code added

C1011 Platelet, hla-matched leukoreduced, apheresis/pheresis, each unit
Code added

C1012 Platelet concentrate, leukoreduced, irradiated, each unit
Code added

C1013 Platelet concentrate, leukoreduced, each unit
Code added

C1014 Platelet, leukoreduced, apheresis/pheresis, each unit
Code added

C1016 Blood, leukoreduced, frozen/deglycerol/washed, each unit
Code added

C1017 Platelet, leukoreduced, cmv-negative, apheresis/pheresis, each unit
Code added

C1018 Blood, leukoreduced, irradiated, each unit
Code added

C1019 Platelet, leukoreduced, irradiated, apheresis/pheresis, each unit
Code added

C1024 Quinupristin/dalfopristin, 10ml, Synercid IV
Code added

C1025 Catheter, Marinr CS catheter
Code added

C1026 Catheter ablation, RF performr, 5F RF marinr
Code added

C1027 Stent, coronary, magic wallstent extra short or short coronary self-expanding stent with delivery system, radius 14mm self expanding stent with over the wire delivery system
Code added

C1028 Sling fixation system for treatment of stress urinary incontinence, precision twist transvaginal anchor system, precision tack transvaginal anchor system, vesica press-in anchor system, capio cl (tvb/s) transvaginal suturing device
Code added

C1029 Catheter, balloon dilatation, controlled radial expansion (cre) balloon dilatation catheter wire guided and fixed wire
Code added

C1030 Catheter, balloon dilatation, marshal, blue max 20, ultra-thin diamond
Code added

C1031 Electrode, needle, ablation, mr compatible leveen, modified leveen needle electrode
Code added

C1033 Catheter, imaging, sonicath ultra model 37-410 ultrasound imaging catheter
Code added

C1034 Catheter, coronary angioplasty, surpass superfusion catheter, long 30 surpass superfusion catheter
Code added

C1035 Catheter, intracardiac echocardiography, ultra ice 6f, 125 Mhz catheter (with disposable sheath), ultra ice 9f, 9 mhz catheter (with disposable sheath)
Code added

C1036 Port/reservoir, venous access device, vaxcel implantable vascular access system, r port premier vascular access system
Code added

C1037 Catheter, dialysis, vaxcel chronic dialysis catheter
Code added

C1038 Catheter, imaging, ultracross 29F 30mhz coronary imaging catheter, ultracross 32F mhz coronary imaging catheter
Code added

C1039 Stent, tracheobronchial, wallstent tracheobronchial endoprosthesis (covered), wallstent tracheobronchial endoprosthesis with permalume covering and unistep plus delivery system, wallstent rp tracheobronchial endoprosthesis with unistep plus delivery system note: only the wallstent rp tracheobronchial endoprosthesis with unistep plus delivery system is effective October 1, 2000. The wallstent tracheobronchial was effective August 1, 2000
Code added

C1040 Stent, self-expandable for creation of intrahepatic shunts, wallstent transjugular intrahepatic portosystemic shunt (tips) with unistep plus delivery system (40/42/60/68mm in length), wallstent rp endoprosthesis with unistep plus delivery system (42/68mm in length) note: only the wallstent rp tips endoprosthesis with unistep plus delivery system is effective October 1, 2000. The wallstent tips endoprosthesis with unistep plus delivery system was effective August 1, 2000
Code added

C1042 Stent, biliary, wallstent biliary endoprosthesis with unistep plus delivery system, wallstent biliary endoprosthesis with unistep delivery system (biliary stent and catheter), wallstent rp biliary endoprosthesis with unistep plus delivery system, ultraflex diamond biliary stent system, new microvasive biliary stent and delivery system note: only the wallstent rp biliary endoprosthesis with unistep plus delivery system is effective October 1, 2000. The wallstent, ultraflex diamond, new microvasive biliary stent systems were effective August 1, 2000.
Code added

C1043 Atherectomy system, coronary, rotablator rotalink atherectomy catheter and burr, rotablator rotalink rotational atherectomy system advancer and guide wire
Code added

C1045 Supply of radiopharmaceutical diagnostic imaging agent, i-131 mibg [iobenguane sulfate i-131], per 05 Mci
Code added

C1047 Catheter, diagnostic, navi-star diagnostic deflectable tip catheter, noga-star diagnostic deflectable tip catheter
Code added

C1048 Generator, bipolar pulse, cyberonics neurocybernetic prosthesis generator
Code added

C1050 Protein a immunoadsorption, prosorba column
Code added

C1051 Catheter, thrombectomy, oasis thrombectomy catheter
Code added

C1053 Catheter, diagnostic, ensite 3000 catheter
Code added

C1054 Catheter, thrombectomy, hydrolyser 6f mechanical thrombectomy catheter, hydrolyser 7f mechanical thrombectomy catheter
Code added

C1055 Catheter, transesophageal 210 atrial pacing catheter, transesophageal 210-s atrial pacing catheter
Code added

C1056 Catheter, ablation, gynecare thermachoice ii catheter
Code added

C1057 Tissue marker, 11-gauge micromark ii tissue marker
Code added

C1059 Autologous cultrured chondrocytes, implantation, carticel
Code added

C1060 Stent, coronary, acs multi-link tristar coronary stent system and delivery system, acs multi-link ultra coronary stent system note: acs multi-link ultra is effective January

01, 2001. Acs multi-link tristar was effective August 1, 2000.
Code added

C1061 Catheter, coronary guide, acs viking guiding catheter
Code added

C1063 Lead, defibrillator, endotak endurance ez, endotak endurance rx, endotak endurance 0134, 0135, 0136 note: endotak endurance is effective January 01, 2001. Endotak endurance ez and rx were effective August 1, 2000.
Code added

C1067 Stent, biliary, megalink biliary stent
Code added

C1068 Pacemaker, dual chamber, pulsar ddd
Code added

C1069 Pacemaker, dual chamber, discovery dr
Code added

C1071 Pacemaker, single chamber, pulsar max sr, pulsar sr
Code added

C1072 Catheter, balloon dilatation, coronary, rx esprit, rx gemini, rx solaris, otw photon, otw solaris
Code added

C1073 Morcellator, laparoscopic, gynecare x-tract laparascopic morcellator
Code added

C1074 Catheter, peripheral dilatation, rx viatrac 14 peripheral dilatation catheter, otw viatrac 18 peripheral dilatation catheter
Code added

C1075 Lead, pacemaker, selute picotip, selute, sweet picotip rx, sweet tip rx, fineline, fineline ez, thinline, thinline ez
Code added

C1076 Defibrillator, single chamber, automatic, implantable, Ventak mini IV, Ventak mini IV+ (models 1793, 1796), Ventak mini III HE, Ventak mini III HE+ (models 1788, 1789), Ventak mini III, Ventak mini III+ (models 1783, 1786) note: only the Ventak mini IV+, Ventak mini III HE+ and Ventak mini III+ are effective January 01, 2001.

Ventak mini IV, Ventak mini III HE, and Ventak mini III were effective August 1, 2000.
Code added

C1077 Defibrillator, single chamber, automatic, implantable, Ventak Prizm VR, Ventak VR
Code added

C1078 Defibrillator, dual chamber, automatic, implantable, Ventak Prizm, Ventak AV III DR
Code added

C1079 Supply of radiopharmaceutical diagnostic imaging agent, cyanocobalamin co 58/57, kit, 05 Mci, Nycomed cyanoco CO57/cyanoco CO58
Code added

C1084 Denileukin diftitox, 300 mcg, Ontak IV
Code added

C1086 Temozolomide, 5 mg, Temodar
Code added

C1087 Supply of radiopharmaceutical imaging agent, sodium iodide 1-123 (capsule), per uci
Code added

C1088 Laser optic treatment system, indigo laseroptic treatment system
Code added

C1089 Supply of radioharmaceutical diagnostic imaging agent, cyanocobalamin co 57, 05 mci, capsule
Code added

C1090 Supply of radiopharmaceutical diagnostic imaging agent, indium in 111 chloride, per mci
Code added

C1091 Supply of radiopharmaceutical diagnostic imaging agent, indium in 111 oxyquinoline, per 5 mci
Code added

C1092 Supply of radiopharmaceutical diagnostic imaging agent, indium in 111 pentetate disodium, per 15 mci
Code added

C1094 Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m albumin aggregated, per vial
Code added

C1095 Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m depreotide, per vial
Code added

C1096 Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m exametazime, per dose
Code added

C1097 Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m mebrofenin, per vial
Code added

C1098 Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m pentetate, per vial
Code added

C1099 Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m pyrophosphate, per vial
Code added

C1100 Guide wire, percutaneous transluminal coronary angioplasty, medtronic ave gt1 guide wire, medtronic ave gt2 fusion guide wire
Code added

C1101 Catheter, percutaneous transluminal coronary angiplasty guide, medtronic ave 5f, 6f, 7f, 8f, 9f zuma guide catheter, medtronic ave z2 5f, 6f, 7f, 8f, 9f zuma guide catheter note: only the medtronic ave z2 zuma guide catheters are effective October 1, 2000. The medtronic ave zuma guide catheters were effective August 1, 2000
Code added

C1102 Generator, pulse, neurostimulator, medtronic synergy neurostimulator generator and extension
Code added

C1103 Defibrillator, implantable, micro jewel, micro jewel II
Code added

C1104 Catheter, ablation, rf conductr mc 4mm, rf conductr mc 5mm (models 6042, 7544) note: rf conductr mc 5mm is effective January 01, 2001. Rf conductr mc 4mm was effective August 1, 2000.
Code added

C1105 Pacemaker, dual chamber, sigma 300 vdd
Code added

C1106 Neurostimulator, patient programmer, Synergy EZ Patient Programmer
Code added

C1107 Catheter, diagnostic, electrophysiology, torqr, soloist
Code added

C1109 Anchor, implantable, mitek gii anchor, mitek knotless, mitek tacit, mitek rotator cuff, mitek gls, mitek mini, mitek fastin, mitek super, mitek panalok, mitek micro, mitek panalok rc, mitek fastin rc, innovasive roc ez, innovasive miniroc, innovasive bioroc, innovasive roc xs, innovasive contack
Code added

C1110 Catheter, diagnostic, electrophysiology, stable mapper
Code added

C1111 Stent graft system, aneurx aorto-uni-iliac-stent graft system
Code added

C1112 Stent graft system, aneurx stent graft system
Code added

C1113 Stent graft system, talent endoluminal spring stent graft system
Code added

C1114 Stent graft system, talent spring stent graft system
Code added

C1115 Lead, pacemaker, 5038s, 5038, 5038l
Code added

C1116 Lead, pacemaker, capsure sp novus, capsure sp, capsure, excellence +, s+, ps+, capsure z novus, capsure z, impulse
Code added

C1117 Endograft system, ancure endograft delivery system
Code added

C1118 Pacemaker, dual chamber, sigma 300 dr, legacy ii dr
Code added

C1119 Lead, defibrillator, sprint 6932, sprint 6943
Code added

C1120 Lead, defibrillator, sprint 6942, sprint 6945
Code added

C1121 Defibrillator, implantable, gem
Code added

C1122 Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m arcitumomab, per vial
Code added

C1123 Defibrillator, implantable, Gem II VR
Code added

C1124 Lead, neurostimulator, kit, interstim test stimulation lead kit
Code added

C1125 Pacemaker, single chamber, Kappa 400 SR, Topaz II SR
Code added

C1126 Pacemaker, dual chamber, Kappa 700 DR (all models)
Code added

C1127 Pacemaker, single chamber, Kappa 700 SR
Code added

C1128 Pacemaker, dual chamber, Kappa 700 D, Ruby II D
Code added

C1129 Pacemaker, Kappa 700 VDD
Code added

C1130 Pacemaker, dual chamber, Sigma 200 D, Legacy II D
Code added

C1131 Pacemaker, dual chamber, Sigma 200 DR
Code added

C1132 Pacemaker, single chamber, Sigma 200 SR, Legacy II SR
Code added

C1133 Pacemaker, single chamber, Sigma 300 SR, Vita SR
Code added

C1134 Pacemaker, dual chamber, Sigma 300 d
Code added

C1135 Pacemaker, dual chamber, rate-responsive, Entity DR 5326l, Entity DR 5326r, Entity DR 5326 note: only the Entity DR 5326 is effective January 01, 2001. Entity DR 5326l and 5326r were effective August 1, 2000.
Code added

C1136 Pacemaker, dual chamber, rate-responsive, Affinity DR 5330l, Affinity DR 5330r, Affinity dr 5330 note: only the Affinity DR 5330 is effective January 01, 2001. Affinity DR 5330l and 5330r were effective August 1, 2000.
Code added

C1137 Septal defect implant system, cardioseal septal occlusion system, cardioseal occluder delivery catheter
Code added

C1143 Pacemaker, dual chamber, Addvent 2060BL
Code added

C1144 Pacemaker, single chamber, rate-responsive, Affinity SR 5130, Affinity SR 5130l, Affinity SR 5130r, Integrity SR 5142 note: only the Affinity SR 5130 is effective January 01, 2001. Affinity SR 5130l, Affinity SR 5130r, and Integrity SR 5142 were effective August 1, 2000.
Code added

C1145 Vascular closure device, angio-seal 6 french vascular closure device 610091, angio-seal 8 french vascular closure device 610089, 610097 note: model 610097 is effective January 01, 2001. Models 610091 and 610089 were effective August 1, 2000.
Code added

C1146 Endotracheal tube, vett tracheobronchial tube
Code added

C1147 Lead, pacemaker, av plus dx 1368/52, av plus dx 1368/58, av plus dx 1368/65 note: the av plus dx 1368/65 is effective January 01, 2001. Models 1368/52 and 1368/58 were effective August 1, 2000.
Code added

C1148 Defibrillator, single chamber, implantable, contour md v-175, contour md v-175a, contour md v-175ac, contour md v-175b, contour md v-175c, contour md v-175d
Code added

C1149 Pacemaker, dual chamber, non-rate responsive, entity dc 5226r, entity dc 5226 note: model 5226 is effective January 01, 2001. Model 5226r was effective August 1, 2000.
Code added

C1151 Lead, pacemaker, passive plus dx 1343k/46, passive plus dx 1343k/52, passive plus dx 1345k/52, passive plus dx 1345k/58, passive plus dx 1336t/52, passive plus dx 1336t/58, passive plus dx 1342t/46, passive plus dx 1342t/52, passive plus dx 1346t/52, passive plus dx 1346t/58
Code added

C1152 Access system, dialysis, lifesite access system
Code added

C1153 Pacemaker, single chamber, regency sc+ 2402l
Code added

C1154 Lead, defibrillator, spl sp01, sp02, spl 04
Code added

C1155 Repliform tissue regeneration matrix, per 8 square centimeters
Code added

C1156 Pacemaker, single chamber, affinity sr 5131m/s, tempo vr 1102, trilogy sr+ 2260l, trilogy sr+ 2264l
Code added

C1157 Pacemaker, dual chamber, trilogy dc+2318l
Code added

C1158 Lead, defibrillator, tvl sv01, tvl sv02, tvl sv04
Code added

C1159 Lead, defibrillator, tvl rv02, tvl rv06, tvl rv07
Code added

C1160 Lead, defibrillator, tvl-adx 1559/65
Code added

C1161 Lead, pacemaker, tendril dx 1388k/46, tendril dx 1388k/52, tendril dx 1388k/58, tendril dx 1388t/46, tendril dx 1388t/52, tendril dx 1388t/58, tendril dx 1388t/85, tendril dx 1388t/100, tendril dx 1388tc/46, tendril dx 1388tc/52, tendril dx 1388t/58
Code added

C1162 Pacemaker, dual-chamber, affinity dr 5331 m/s, tempo dr 2102, trilogy dr+ 2360l, trilogy dr+ 2364l
Code added

C1163 Lead, pacemaker, tendril sdx 1488t/46, tendril sdx 1488t/52, tendril sdx 1488t/58, tendril sdx 1488tc/46, tendril sdx 1488tc/52, tendril sdx 1488tc/58
Code added

C1164 Brachytherapy seed, i-125 seed
Code added

C1166 Injection, cytarabine liposome, 10 mg, depocyt/liposomal cytarabine
Code added

C1167 Injection, epirubicin hydrochloride, 2 mg
Code added

C1170 Biopsy device, breast, abbi device
Code added

C1171 Site marker devie, disposable, auto suture site marker device
Code added

C1172 Balloon, tissue dissector, spacemaker tissue dissection balloon, spacemaker 1000cc hernia balloon dissector note: the hernia balloon dissector is effective January 01, 2001. The spacemaker tissue dissection balloon is effective August 1, 2000.
Code added

C1173 Stent, coronary, s540 over-the-wire coronary stent system, s670 with discrete technology over-the-wire coronary stent system, s670 with discrete technology rapid exchange coronary stent system
Code added

C1174 Needle, brachytherapy, bard brachystar brachytherapy needle
Code added

C1175 Biopsy device, mibb device
Code added

C1176 Biopsy device, mammotome hh hand-held probe with smartvac vacuum system
Code added

C1177 Biopsy device, 11-gauge mammotome probe with vacuum cannister
Code added

C1178 Injection, busulfan (busulfex iv) per 6 mg
Code added

C1179 Biopsy device, 14-gauge mammotome probe with vacuum cannister
Code added

C1180 Pacemaker, single chamber, vigor sr
Code added

C1181 Pacemaker, single chamber, meridian ssi
Code added

C1182 Pacemaker, single chamber, pulsar ssi
Code added

C1183 Pacemaker, single chamber, jade ii s, sigma 300 s
Code added

C1184 Pacemaker, single chamber, sigma 200 s
Code added

C1188 Sodium iodide i-131, per uci
Code added

C1200 Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m sodium glucoheptonate, per vial
Code added

C1201 Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m succimer, per vial
Code added

C1202 Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m sulfur colloid, per dose
Code added

C1203 Injection, visudyne (verteporfin)
Code added

C1205 Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m disofenin, per vial
Code added

C1207 Octreotide acetate, 1 mg
Code added

C1300 Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
Code added

C1302 Lead, defibrillator, tvl sq01
Code added

C1303 Lead, defibrillator, capsure fix 6940, capsure fix 4068-110
Code added

C1304 Catheter, imaging, sonicath ultra model 37-416 ultrasound imaging catheter, sonicath ultra model 37-418 ultrasound imaging catheter
Code added

C1305 Apligraf, per 44 square centimeters
Code added

C1306 Lead, neurostimulator, cyberonics neurocybernetic prosthesis lead
Code added

C1311 Pacemaker, dual chamber, trilogy dr+/dao
Code added

C1312 Stent, coronary, magic wallstent mini coronary self expanding stent with delivery system
Code added

C1313 Stent, coronary, magic wallstent medium coronary self expanding stent with delivery system, radius 31mm self expanding stnet with over the wire delivery system
Code added

C1314 Stent, coronary, magic wallstent long coronary self expanding stent with delivery system
Code added

C1315 Pacemaker, dual chamber, vigor dr, meridian dr
Code added

C1316 Pacemaker, dual chamber, meridian ddd
Code added

C1317 Pacemaker, single chamber, discovery sr
Code added

C1318 Pacemaker, single chamber, meridian sr
Code added

C1319 Stent, enteral, wallstent enteral endoprosthesis and unistep delivery system (60mm in length), enteral wallstent endoprosthesis and unistep plus delivery system/single-use colonic and duodenal endoprosthesis with unistep plus delivery system (60mm in length) note: only the enteral walsltent endoprosthesis and unistep plus delivery system is effective October 1, 2000. The wallstent enteral endoprosthesis and unistep delivery system was effective August 1, 2000
Code added

C1320 Stent, iliac, wallstent iliac endoprosthesis with unistep plus delivery system, wallstent rp iliac endoprosthesis with unistep plus delivery system note: only the wallstent rp iliac endoprosthesis with unistep plus delivery system is effective October 1, 2000. The wallstent iliac endoprosthesis with unistep plus delivery system was effective August 1, 2000
Code added

C1321 Electrode, disposable, palate somnoplasty coagulating electrode, base of tongue somnoplasty coagulating electrode
Code added

C1322 Electrode, disposable, turbinate somnoplasty coagulating electrode
Code added

C1323 Electrode, disposable, vapr electrode, vapr t thermal electrode
Code added

C1324 Electrode, disposable, ligasure disposable electrode
Code added

C1325 Brachytherapy seed, palladium-103 seed
Code added

C1326 Catheter, thrombectomy, angiojet rheolytic thrombectomy catheter
Code added

C1328 External transmitter, neurostimulation system, ans renew spinal cord stimulator system
Code added

C1329 Electrode, disposable, gynecare versapoint resectoscopic system bipolar electrode
Code added

C1333 Stent, biliary, palmaz corinthian transhepatic biliary stent and delivery system
Code added

C1334 Stent, coronary, palmaz-schatz crown stent, mini-crown stent, crossflex lc stent
Code added

C1335 Mesh, hernia, prolene polypropylene hernia system
Code added

C1336 Infusion pump, implantable, non-programmable, constant flow implantable pump with bolus safety valve model 3000, model 3000-16 (16ml), model 3000-50 (50ml) note: constant flow implantable pump model 3000 was

effective August 1, 2000. Models 3000-16 and 3000-50 are effective October 1, 2000
Code added

C1337 Infusion pump, implantable, non-programmable, isomed infusion pump model 8472-20, 8472-35, 8472-60
Code added

C1348 Sodium iodide i-131, per mci
Code added

C1350 Brachytherapy, per souce, prostaseed i-125
Code added

C1351 Lead, pacemaker, capsurefix, surefix, pirouet +, s+
Code added

C1352 Defibrillator, dual chamber, implantable, Gem II DR
Code added

C1353 Neurostimulator, implantable, itrel ii/soletra implantable neurostimulator and extension, itrel iii implantable neurostimulator and extension, interstim neurostimulator (implantable) and extension
Code added

C1354 Pacemaker, dual chamber, kappa 400 dr, diamond ii 820 dr
Code added

C1355 Pacemaker, dual chamber, kappa 600 dr, vita dr
Code added

C1356 Defibrillator, single chamber, implantable, profile md v-186hv3
Code added

C1357 Defibrillator, single chamber, implantable, angstrom md v-190hv3
Code added

C1358 Pacemaker, dual chamber, non-rate responsive, affinity dc 5230r, affinity dc 5230 note: model 5230 is effective January 01, 2001. Model 5230r was effective August 1, 2000.
Code added

C1359 Pacemaker, dual chamber, pulsar dr, pulsar max dr
Code added

C1360 Ocular photodynamic therapy
Code added

C1361 Recorder, cardiac event, implantable, reveal, reveal plus
Code added

C1362 Stent, biliary, rx herculink 14 biliary stent, otw megalink sds biliary stent
Code added

C1363 Defibrillator, implantable, dual chamber, gem dr
Code added

C1364 Defibrillator, dual chamber, photon dr v-230hv3
Code added

C1365 Guide wire, peripheral, hi-torque spartacore 14 guide wire, hi-torque memcore firm 14 guide wire, hi-torque steelcore 18 guide wire, hi-torque steelcore 18 lt guide wire, hi-torque supra core 35 guide wire note: only the hi-torque steelcore 18 lt guide wire is effective October 1, 2000. The other guide wires were effective August 1, 2000
Code added

C1366 Guide wire, percutaneous transluminal coronary angioplasty, hi-torque iron man, hi-torque balance middleweight, hi-torque all star, hi-torque balance heavyweight, hi-torque balance trek
Code added

C1367 Guide wire, percutaneous transluminal coronary angioplasty, hi-torque cross it, hi-torque cross-it 100xt, hi-torque cross-it 200xt, hi-torque cross-it 300xt, hi-torque wiggle
Code added

C1368 Infusion system, on-q pain management system, on-q soaker pain management system, and painbuster pain management system note: the on-q pain management system, on-q soaker pain management system, and painbuster pain management system are effective August 1, 2000
Code added

C1369 Internal receiver, neurostimulation system, ans renew spinal cord stimulator system
Code added

C1370 Single use device for tratment of female stress urinary incontinence, tension-gree vaginal tape single use device
Code added

C1371 Stent, biliary, symphony nitinol stent transhepatic biliary system, symphony nitinol biliary stent with radiopaque markers
Code added

C1372 Stent, biliary, smar cordis nitinol stent and delivery system
Code added

C1375 Stent, coronary, nir on ranger stent delivery system, nir w/sox stent system, nir primo premounted stent system
Code added

C1376 Lead, neurostimulator, ans renew spinal cord stimulation system lead (with or without extension)
Code added

C1377 Lead, neurostimulator, specify 3988 lead
Code added

C1378 Lead, neurostimulator, inerstim therapy 3080 lead, interstim therapy 3886 lead
Code added

C1379 Lead, neurostimulator, pisces-quad compact 3887 lead
Code added

C1420 Anchor system, stapletac2 bone anchor system with dermis
Code added

C1421 Anchor system, stapletac2 bone anchor system without dermis
Code added

C1450 Orthosphere spherical interpositional arthroplasty
Code added

C1451 Orthosphere spherical interpositional arthroplasty kit
Code added

C1500 Atherectomy system, peripheral, rotablator rotational angioplasty system with rotalink exchangeable catheter, advancer, and guide wire
Code added

C1700 Needle, brachytherapy needle, authentic mick tp brachytherapy needle
Code added

C1701 Needle, brachytherapy, medtec mt-bt-5201-25 brachytherapy needle
Code added

C1702 Needle, brachytherapy, wwmt brachytherapy needle
Code added

C1703 Needle, brachytherapy, mentor prostate brachytherapy needle
Code added

C1704 Needle, brachytherapy, medtec mt-bt-5001-25, mt-bt-5051-25
Code added

C1705 Needle, brachytherapy, best industries flexi needle brachytherapy seed implantation (13g, 14g, 15g, 16g, 17g, 18g), best industries prostate brachytherapy needle
Code added

C1706 Needle, brachytherapy, indigo prostate seeding needle
Code added

C1707 Needle, brachytherapy, varisource interstitial implant needle
Code added

C1708 Needle, brachytherapy, uromed prostate seeding needle
Code added

C1709 Needle, brachytherapy, remington medical brachytherapy needle
Code added

C1710 Needle, brachytherapy, us biopsy prostate seeding needle
Code added

C1711 Needle, brachytherapy, md tech pSS. Prostate seeding set (needle)
Code added

C1712 Needle, brachytherapy, imagyn medical technologies isostar prostate brachytherapy needle
Code added

C1790 Brachytherapy seed, nucletron iridium 192 hdr
Code added

C1791 Bracytherapy seed, nycomed amersham i-125 (oncoseed, rapid strand)
Code added

C1792 Brachytherapy seed, uromed symmetra i-125
Code added

C1793 Brachytherapy seed, bard intersource 103 palladium seed 10311, 1031c
Code added

C1794 Brachytherapy seed, bard isoseed 103 palladium seed pd3s1111, pd3s111p
Code added

C1795 Brachytherapy seed, bard brachysource 125 iodine seed 12511, 1251c
Code added

C1796 Brachytherapy seed, source tech medical i-125 seed model stm 1251
Code added

C1797 Brachytherapy seed, draximage i-125 seed model ls-1
Code added

C1798 Brachytherapy seed, syncor i-125 pharmaseed model bt-125-1
Code added

C1799 Brachytherapy seed, i-plant iodine 125 model 3500
Code added

C1800 Brachytherapy seed, mentor pdgold pd-103
Code added

C1801 Brachytherapy seed, mentor iogold i-125
Code added

C1802 Brachytherapy seed, best industries iridium 192
Code added

C1803 Brachytherapy seed, best industries iodine 125
Code added

C1804 Brachytherapy seed, best industries palladium 103
Code added

C1805 Brachytherapy seed, imagyn isostar iodine-125 interstitial brachytherapy seed
Code added

C1806 Brachytherapy seed, best industries gold 198
Code added

C1810 Catheter, balloon dilatation, d114s over-the-wire balloon dilatation catheter
Code added

C1811 Anchor, surgical dynamics anchorsew, surgical dynamics sD. Sorb ez tac, surgical dynamics sD. Sorb suture anchor 20Mm, surgical dynamics sD. Sorb suture anchor 30Mm
Code added

C1812 Anchor, obl 20Mm mini tac achor, obl 28Mm hs anchor, obl 28Mm s anchor, obl 35Mm ti anchor, obl rc5 anchor, obl prc5 anchor
Code added

C1850 Repliform tissue regeneration matrix, per 24 or 28 square centimeters
Code added

C1851 Repliform tissue regeneration matrix, per 24 or 28 square centimeters
Code added

C1852 Transcyte, per 247 square centimeters
Code added

C1853 Suspend tutoplast processed fascia lata, per 8 or 14 square centimeters
Code added

C1854 Suspend tutoplast processed fascia lata, per 24 or 28 square centimeters
Code added

C1855 Suspend tutoplast processed fascia lata, per 36 square centimeters
Code added

C1856 Suspend tutoplast processed fascia lata, per 48 square centimeters
Code added

C1857 Suspend tutoplast processed fascia lata, per 84 square centimeters
Code added

C1858 Duraderm acellular allograft, per 8 or 14 square centimeters
Code added

C1859 Duraderm acellular allograft, per 21, 24, or 28 square centimeters
Code added

C1860 Duraderm acellular allograft, per 48 square centimeters
Code added

C1861 Duraderm acellular allograft, per 36 square centimeters
Code added

C1862 Duraderm acellular allograft, per 72 square centimeters
Code added

C1863 Duraderm acellular allograft, per 84 square centimeters
Code added

C1864 Bard sperma tex mesh, per 1344 Square centimeters
Code added

C1865 Bard faslata allograft tissue, per 8 or 14 square centimeters
Code added

C1866 Bard faslata allograft tissue, per 24 or 28 square centimeters
Code added

C1867 Bard faslata allograft tissue, per 36 or 48 square centimeters
Code added

C1868 Bard faslata allograft tissue, per 96 square centimeters
Code added

C1869 Gore thyroplasty device, per 8, 12, 30, or 375 Square centimeters (06Mm)
Code added

C1870 Dermmatrix surgical mesh, per 16 square centimeters
Code added

C1871 Dermmatrix surgical mesh, per 32 or 64 square centimeters
Code added

C1872 Dermagraft, per 375 Square centimeters
Code added

C1873 Bard 3dmax mesh, medium or large size
Code added

C1929 Catheter, maverick monorail ptca catheter, maverick over-the-wire ptca catheter
Code added

C1930 Catheter, percutaneous transluminal coronary angioplasty, coyote dilatation catheter 20mm/30mm/40mm
Code added

C1931 Catheter, talon balloon dilatation catheter
Code added

C1932 Catheter, scimed remedy coronary balloon dilatation infusion catheter (20mm)
Code added

C1933 Catheter, opti-plast centurion 55F pta catheter, shaft length 50 cm to 120 cm, opti-plast xl 55F pta catheter, shaft length 75 cm to 120 cm
Code added

C1934 Catheter, ultraverse 35F balloon dilatation catheter
Code added

C1935 Catheter, workhorse pta balloon catheter
Code added

C1936 Catheter, uromax ultra high pressure balloon dilatation catheter with hydroplus coating
Code added

C1937 Catheter, synergy balloon dilatation catheter, explorer st 6f
Code added

C1938 Catheter, bard uroforce balloon dilatation catheter
Code added

C1939 Catheter, ninja ptca dilatation catheter, raptor ptca dilatation catheter, nc raptor ptca dilatation catheter, charger ptca dilatation catheter, titan ptca dilatation catheter, titan mega ptca dilatation catheter note: only the nc raptor, charger, titan, and titan mega ptca dilatation catheters are effective January 01, 2001. The ninja and raptor ptca dilatation catheters were effective October 1, 2000.
Code added

C1940 Catheter, cordis powerflex extreme pta balloon catheter, cordis powerflex plus pta balloon catheter, cordis opta lp pta balloon catheter, cordis opta 5 pta balloon catheter
Code added

C1941 Catheter, jupiter pta balloon dilatation catheter
Code added

C1942 Catheter, cordis maxi ld pta balloon catheter
Code added

C1943 Catheter, rx crosssail coronary dilatation catheter, otw opensail coronary dilatation catheter
Code added

C1944 Catheter, rapid exchange single-use biliary balloon dilatation catheter
Code added

C1945 Catheter, cordis savvy pta dilatation catheter
Code added

C1946 Catheter, r1s rapid exchange pre-dilatation balloon catheter
Code added

C1947 Catheter, gazelle balloon dilatation catheter
Code added

C1948 Catheter, pursuit balloon angioplasty catheter
Code added

C1949 Catheter, endosonics oracle megasonics five-64 f/x ptca catheter
Code added

C1979 Catheter, endosonics visions pv 82F intravascular ultrasound imaging catheter, endosonics avanar f/x intravascular ultrasound imaging catheter
Code added

C1980 Catheter, atlantis sr coronary imaging catheter
Code added

C1981 Catheter ,coronary angioplasty balloon, adante, bonnie, bonnie 15mm,bonnie monorail 30mm or 40mm, bonnie sliding rail, bypass speedy, chubby, chubby sliding rail, coyote 20mm, coyote 9/15/25mm, long ranger 30mm or 40mm, maxxum, nc ranger, nc ranger 9mm, nc ranger 16/18mm, nc ranger 22/25/30mm, nc big ranger, ranger 20mm, quantum ranger, quantum ranger 1/4 sizes, quantum ranger 9/16/18mm, quantum ranger 22/30mm, quantum ranger 25mm, ranger lp 20/30/40, viva/long viva note: only the bonnie monorail 30mm or 40mm, long ranger 30mm or 40mm, and ranger 20mm are effective January 01, 2001. The other catheters were effective August 1, 2000.
Code added

C2000 Catheter, orbiter st steerable electrode catheter
Code added

C2001 Catheter, constellation diagnostic catheter
Code added

C2002 Catheter, irvine inquiry steerable electrophysiology 5f catheter
Code added

C2003 Catheter, irvine inquiry steerable electrophysiology 6f catheter
Code added

C2004 Catheter, electrophysiology, ep deflectable tip catheter (octapolar small anatomy models only)
Code added

C2005 Catheter, electrophysiology, ep deflectable tip catheter (hexapolar small anatomy models only)
Code added

C2006 Catheter, electrophysiology, ep deflectable tip catheter (decapolar small anatomy models only)
Code added

C2007 Catheter, electrophysiology, irvine luma-cath 6f fixed curve electrophysiology catheter
Code added

C2008 Catheter, electrophysiology, irvine luma-cath 7f steerable electrophysiology catheter model 81910, model 81912, model 81915
Code added

C2009 Catheter, electrophysiology, irvine luma-cath 7f steerable electrophysiology catheter model 81920
Code added

C2010 Catheter, electrophysiology, cordis fixed curve catheter (decapolar, hexapolar, octapolar, quadrapolar)
Code added

C2011 Catheter, electrophysiology, deflectable tip catheter (quadrapolar small anatomy models only)
Code added

C2012 Catheter, ablation, biosense webster celsius braided tip ablation catheter, biosense webster celsius 5mm temperature ablation catheter, biosense webster celsius temperature sensing diagnostic/ablation tip catheter, biosense webster celsius long reach ablation catheter note: only the celsius long reach ablaiton catheter is effective January 01, 2001. The other ablation catheters were effective October 1, 2000.
Code added

C2013 Catheter, ablation, biosense webster celsius large dome ablation catheter
Code added

C2014 Catheter, ablation, biosense webster celsius ii asymmetrical ablation catheter
Code added

C2015 Catheter, ablation, biosense webster celsius ii symmetrical ablation catheter
Code added

C2016 Catheter, ablation, navi-star ds diagnostic/ablation catheter, navi-star thermo-cool temperature diagnostic/ablation catheter
Code added

C2017 Catheter, ablation, navi-star diagnostic/ablation deflectable tip catheter
Code added

C2018 Catheter, ablation, polaris t ablation catheter
Code added

C2019 Catheter, ep medsystems deflectable electrophysiology catheter
Code added

C2020 Catheter, ablation, blazer ii xp, blazer ii 6f, blazer ii high torque
Code added

C2021 Catheter, ep medsystems silverflex electrophysiology catheter, non-deflectable
Code added

C2022 Catheter, ablation, cardiac pathways chilli cooled ablation catheter models 41422, 41442, 45422, 45442, 43422, 43442
Code added

C2023 Catheter, ablation, cardiac pathways chilli cooled ablation catheter, standard curve 3005 or large curve 3006
Code added

C2100 Catheter, electrophysiology, cardiac pathways cs reference catheter
Code added

C2101 Catheter, electrophysiology, cardiac pathways rv reference catheter
Code added

C2102 Catheter, electrophysiology, cardiac pathways 7f radii catheter
Code added

C2103 Catheter, electrophysiology, cardiac pathways 7f radii catheter with tracking
Code added

C2104 Catheter, electrophysiology, lasso deflectable circular tip mapping catheter
Code added

C2151 Catheter, veripath peripheral guiding catheter
Code added

C2152 Catheter, cordis 5f, 6f, 7f, 8f, 9f, 10f vista brite tip guiding catheter
Code added

C2153 Catheter, electrophysiology, bard viking fixed curve catheter (bipolar, quadrapolar, and asp models only)
Code added

C2200 Catheter, arrow-trerotola percutaneous thrombolytic device catheter
Code added

C2300 Catheter, varisource standard catheter
Code added

C2597 Catheter, clinicath peripherally inserted midline catheter (picc) dual-lumen polyflow polyurethane catheter 18g/20g/24g (includes catheter and introducer), clinicath peripherally inserted central catheter (picc) dual-lumen polyflow polyurethane 16g/18g (includes catheter and introducer), clinicath peripherally inserted central catheter (picc) single-lumen polyflow polyurethane 18g (includes catheter and introducer)
Code added

C2598 Catheter, clinicath peripherally inserted central catheter (picc) single-lumen polyflow polyurethane catheter 18g/20g/24g (catheter and introducer), clinicath peripherally inserted midline catheter (picc) single-lumen polyflow polyurethane catheter 20g/24g (catheter and introducer)
Code added

C2599 Catheter, clinicath peripherally inserted central catheter (picc) dual-lumen polyflow polyurethane catheter 16g/18g (catheter and introducer)
Code added

C2600 Catheter, gold probe single-use electrohemostasis catheter
Code added

C2601 Catheter, bard 10f dual lumen ureteral catheter
Code added

C2602 Catheter, spectranetics 14/17Mm vitesse cos concentric laser catheter
Code added

C2603 Catheter, spectranetics 20Mm vitesse cos concentric laser catheter
Code added

C2604 Catheter, spectranetics 20Mm vitesse e eccentric laser catheter
Code added

C2605 Catheter, spectranetics extreme laser catheter
Code added

C2606 Catheter, oratec spinecath xl intradiscal catheter
Code added

C2607 Catheter, oratec spinecath intradiscal catheter
Code added

C2608 Catheter, scimed 6f wiseguide guide catheter
Code added

C2609 Catheter, flexima biliary drainage catheter with locking pigtail, flexima biliary drainage catheter with twist loc hub, flexima bilary drainage catheters with temp tip
Code added

C2610 Catheter, arrow flex tip plus intraspinal catheter kit
Code added

C2611 Catheter, medtronic ps medical algoline intraspinal catheter system/kit 81102, 81192
Code added

C2612 Catheter, indura intraspinal catheter
Code added

C2676 Catheter, response cv catheter
Code added

C2700 Defibrillator, single chamber, implantable, mycrophylax plus
Code added

C2701 Defibrillator, single chamber, implantable, phylax xm
Code added

C2702 Defibrillator, single chamber, implantable, ventak prizm 2 vr 1860
Code added

C2703 Defibrillator, single chamber, implantable, ventak prizm vr he 1857, 1858
Code added

C2704 Defibrillator, single chamber, implantable, ventak mini iv+ 1793, 1796
Code added

C2801 Defibrillator, dual chamber, implantable, ela medical defender IV dr model 612
Code added

C2802 Defibrillator, dual chamber, implantable, phylax av
Code added

C2803 Defibrillator, dual chamber, implantable, ventak prizm dr he 1852, 1853
Code added

C2804 Defibrillator, dual chamber, implantable, ventak prizm 2 dr 1861
Code added

C2805 Defibrillator, dual chamber, implantable, jewel af 7250
Code added

C2806 Defibrillator, implantable, gem vr 7227
Code added

C2807 Defibrillator, implantable, contak cd 1823
Code added

C2808 Defibrillator, implantable, contak tr 1241
Code added

C3001 Lead, defibrillator, implantable, kainox sl, kainox rv
Code added

C3002 Lead, defibrillator, implantable, easytrak 4510, 4511, 4512, 4513
Code added

C3003 Lead, defibrillator, implantable, endotak sq array xp 0085
Code added

C3004 Lead, defibrillator, implantable, intervene 497-23, 497-24
Code added

C3400 Prosthesis, breast, mentor saline-filled contour profile, mentor siltex spectrum mammary prosthesis
Code added

C3401 Prosthesis, breast, mentor saline-filled spectrum
Code added

C3500 Prosthesis, mentor alpha I inflatable penile prosthesis, mentor alpha I narrow-base inflatable penile prosthesis note: the mentor alpha I narrow-base inflatable penile prosthesis is effective October 1, 2000. The mentor alpha I inflatable penile prosthesis was effective August 1, 2000
Code added

C3510 Prosthesis, ams sphincter 800 urinary prosthesis
Code added

C3551 Guide wire, percutaneous transluminal coronary angioplasty, choice, luge, patriot, pt graphix intermediate, trooper, mailman 182/300 cm
Code added

C3552 Guide wire, coronary, hi-torque whisper
Code added

C3553 Guide wire, cordis stabilizer marker wire steerable guidewire, cordis wizdom marker wire steerable guidewire, cordis atw marker wire steerale guidewire, cordis shinobi steerable guidewire
Code added

C3554 Guide wire, jindo tapered peripheral guidewire
Code added

C3555 Guide wire, wholey hi-torque plus guide wire system, 145cm, 190cm, 300cm
Code added

C3556 Guide wire, endosonics cardiometrics wavewire pressure guide wire, cardiometrics flowire doppler guide wire
Code added

C3557 Guidewire, hytek guidewire
Code added

C3800 Infusion pump, implantable, programmable, synchromed el infusion pump
Code added

C3801 Infusion pump, arrow/microject pca system
Code added

C3851 Intraocular lens, staar elastic ultraviolet-absorbing silicone posterior chamber intraocular lens with toric optic model aa-4203t, model aa-4203tf, model aa-4203tl
Code added

C4000 Pacemaker, single chamber, ela medical opus g model 4621, 4624
Code added

C4001 Pacemaker, single chamber, ela medical opus s model 4121, 4124
Code added

C4002 Pacemaker, single chamber, ela medical talent model 113
Code added

C4003 Pacemaker, single chamber, kairos sr
Code added

C4004 Pacemaker, single chamber, actros sr+, actros sr-b+
Code added

C4005 Pacemaker, single chamber, philos sr, philos sr-b
Code added

C4006 Pacemaker, single chamber, pulsar max ii sr 1180, 1181
Code added

C4007 Pacemaker, single chamber, marathon sr 291-09, 292-09r, 292-09x
Code added

C4008 Pacemaker, single chamber, discovery ii ssi 481
Code added

C4009 Pacemaker, single chamber, discovery ii sr 1184, 1185, 1186, 1187
Code added

C4300 Pacemaker, dual chamber, integrity afx dr model 5342
Code added

C4301 Pacemaker, dual chamber, integrity afx dr model 5346
Code added

C4302 Pacemaker, dual chamber, affinity vdr 5430
Code added

C4303 Pacemaker, dual chamber, ela brio model 112 pacemaker system
Code added

C4304 Pacemaker, dual chamber, ela medical brio model 212, talent model 213, talent model 223
Code added

C4305 Pacemaker, dual chamber, ela medical brio model 222
Code added

C4306 Pacemaker, dual chamber, ela medical brio model 220
Code added

C4307 Pacemaker, dual chamber, kairos dr
Code added

C4308 Pacemaker, dual chamber, inos 2, inos 2+
Code added

C4309 Pacemaker, dual chamber, actros dr+, actros d+, actros dr-a+, actros slr+
Code added

C4310 Pacemaker, dual chamber, actros dr-b+
Code added

C4311 Pacemaker, dual chamber, philos dr, philos dr-b, philos slr
Code added

C4312 Pacemaker, dual chamber, pulsar max ii dr 1280
Code added

C4313 Pacemaker, dual chamber, marathon dr 293-09, 294-09, 294-09r, 294-10
Code added

C4314 Pacemaker, dual chamber, momentum dr 294-23
Code added

C4315 Pacemaker, dual chamber, selection afm 902 slc 902c
Code added

C4316 Pacemaker, dual chamber, discovery ii dr 1283, 1284, 1285, 1286
Code added

C4317 Pacemaker, dual chamber, discovery ii ddd 981
Code added

C4600 Lead, pacemaker, synox, polyrox, elox, retrox, sl-bp, elc
Code added

C4601 Lead, pacemaker, aescula lv 1055k
Code added

C4602 Lead, pacemaker, tendril sdx 1488k/46, tendril sdx 1488k/52, tendril sdx 1488k/58
Code added

C4603 Lead, pacemaker, oscor/flexion 4015, 4016, 4017, 4018
Code added

C4604 Lead, pacemaker, crystalline actfix icd-09, capsurefix novus 5076
Code added

C4605 Lead, pacemaker, capsure epi 4968
Code added

C4606 Lead, pacemaker, flextend 4080, 4081, 4082
Code added

C4607 Lead, pacemaker, fineline ii 4452, 4453, 4454, 4455, 4477, 4478, fineline ii ez 4463, 4464, 4465, 4466, 4467, 4468, thinline ii 430-25, 430-35, 432-35, thinline ii ez 438-25, 438-35
Code added

C5000 Stent, biliary, bx velocity with hepacoat on raptor stent system (28 or 33mm in length)
Code added

C5001 Stent, biliary, bard memotherm-flex biliary stent, small/medium diameter
Code added

C5002 Stent, biliary, bard memotherm-flex biliary stent, large diameter
Code added

C5003 Stent, biliary, bard memotherm-flex biliary stent, x-large diameter
Code added

C5004 Stent, biliary, cordis palmaz corinthian iq transhepatic biliary stent
Code added

C5005 Stent, biliary, cordis palmaz corinthian iq transhepatic biliary stent and delivery system
Code added

C5006 Stent, biliary, cordis medium palmaz transhepatic biliary stent and delivery system
Code added

C5007 Stent, biliary, cordis palmaz xl transhepatic biliary stent (40mm length)
Code added

C5008 Stent, biliary, cordis palmaz xl transhepatic biliary stent (50mm length)
Code added

C5009 Stent, biliary, biliary vistaflex stent
Code added

C5010 Stent, biliary, rapid exchange single-use biliary stent system
Code added

C5011 Stent, biliary, intrastent, intrastent lp
Code added

C5012 Stent, biliary, intrastent doublestrut ld
Code added

C5013 Stent, biliary, intrastent doublestrut, intrastent doublestrut xs
Code added

C5014 Stent, biliary, medtronic ave bridge stent system--biliary indication (10mm, 17mm, 28mm)
Code added

C5015 Stent, biliary, medtronic ave bridge stent system--biliary indication (40-60mm, 80-100mm), medtronic ave bridge x3 biliary stent system (17mm)
Code added

C5016 Stent, biliary, wallstent single-use covered biliary endoprosthesis with unistep plus delivery system
Code added

C5017 Stent, biliary, wallstent rp biliary endoprosthesis with unistep plus delivery system (20/40/42/60/68 mm in length)
Code added

C5018 Stent, biliary, wallstent rp biliary endoprosthesis with unistep plus delivery system (80/94 mm in length)
Code added

C5019 Stent, biliary, flexima single-use biliary stent system
Code added

C5020 Stent, biliary, cordis smart nitinol stent transhepatic biliary system (20mm in length)
Code added

C5021 Stent, biliary, cordis smart nitinol stent transhepatic biliary system (40 or 60mm in length)
Code added

C5022 Stent, biliary, cordis smart nitinol stent transhepatic biliary system (80mm in length)
Code added

C5023 Stent, biliary, bx velocity transhepatic biliary stent and delivery system (8 or 13mm in length)
Code added

C5024 Stent, biliary, bx velocity transhepatic biliary stent and delivery system (18mm in length)
Code added

C5025 Stent, biliary, bx velocity transhepatic biliary stent and delivery system (23mm in length)
Code added

C5026 Stent, biliary, bx velocity transhepatic biliary stent and delivery system (28 0r 33mm in length)
Code added

C5027 Stent, biliary, bx velocity with hepacoat on raptor stent system (8 or 13mm in length)
Code added

C5028 Stent, biliary, bx velocity with hepacoat on raptor stent system (18mm in length)
Code added

C5029 Stent, biliary, bx velocity with hepacoat on raptor stent system (23mm in length)
Code added

C5030 Stent, coronary, s660 discrete technology over-the-wire coronary stent system 9mm, 12mm s660 with discrete technology rapid exchange coronary stent system 9mm, 12mm
Code added

C5031 Stent, coronary, s660 discrete technology over-the-wire coronary stent system 15mm, 18mm s660 with discrete technology rapid exchange coronary stent system 15mm, 18mm
Code added

C5032 Stent, coronary, s660 discrete technology over-the-wire coronary stent system 24mm, 30mm s660 with discrete technology rapid exchange coronary stent system 24mm, 30mm
Code added

C5033 Stent, coronary, niroyal advance premounted stent system (9mm)
Code added

C5034 Stent, coronary, niroyal advance premounted stent system (12mm/15mm)
Code added

C5035 Stent, coronary, niroyal advance premounted stent system (18mm)
Code added

C5036 Stent, coronary, niroyal advance premounted stent system (25mm)
Code added

C5037 Stent, coronary, niroyal advance premounted stent system (31mm)
Code added

C5038 Stent, coronary, bx velocity balloon-expandable stent with raptor over-the-wire delivery system
Code added

C5039 Stent, peripheral, intracoil peripheral stent (40mm stent length)
Code added

C5040 Stent, peripheral, intracoil peripheral stent (60mm stent length)
Code added

C5041 Stent, coronary, medtronic bestent 2 over-the-wire coronary stent system (24mm, 30mm)
Code added

C5042 Stent, coronary, medtronic bestent 2 over-the-wire coronary stent system (18mm)
Code added

C5043 Stent, coronary, medtronic bestent 2 over-the-wire coronary stent (15mm)
Code added

C5044 Stent, coronary, medtronic bestent 2 over-the-wire coronary stent system (9mm, 12mm)
Code added

C5045 Stent, coronary, multilink tetra coronary stent system
Code added

C5046 Stent, coronary, radius 20mm self expanding stent with over the wire delivery system
Code added

C5047 Stent, coronary, niroyal elite premounted stent system 15mm, 25mm, or 31mm
Code added

C5048 Stent, coronary, gr ii coronary stent
Code added

C5130 Stent, colon, wilson-cook colonic z-stent
Code added

C5131 Stent, colorectal, bard memotherm colorectal stent model s30r060
Code added

C5132 Stent, colorectal, bard memotherm colorectal stent model s30r080
Code added

C5133 Stent, colorectal, bard memotherm colorectal stent model s30r100
Code added

C5134 Stent, enteral, wallstent enteral endoprosthesis and unistep delivery system (90mm in length), enteral wallstent endoprosthesis with unistep plus delivery system (90mm in length) note: only the enteral wallstent endoprosthesis with unistep plus delivery system is effective October 1, 2000. The wallstent enteral and unistep delivery system was effective August 1, 2000
Code added

C5279 Stent, ureteral, boston scientific contour soft percuflex stent with hydroplus coating (braided), contour soft percuflex stent with hydroplus coating, contour vl variable length percuflex stent with hydroplus coating, percuflex plus stent with hydroplus coating, percuflex stent (braided), contour closed soft percuflex stent with hydroplus coating, contour injection soft percuflex stent with hydroplus coating, soft percuflex stent, percuflex tail plus tapered ureteral stent note: the contour closed soft percuflex stent, conour injection soft percuflex stent, soft

percuflex, and percuflex tail plus tapered ureteral stent are effective January 01, 2001. The other ureteral stents were effective October 1, 2000.
Code added

C5280 Stent, ureteral, bard inlay double pigtail ureteral stent
Code added

C5281 Stent, tracheobronchial, wallgraft tracheobronchial endoprosthesis with unistep delivery system (70mm in length)
Code added

C5282 Stent, tracheobronchial, wallgraft tracheobronchial endoprosthesis with unistep delivery system (20mm, 30mm, 50mm in length)
Code added

C5283 Stent, self-expandable for creation of intrahepatic shunts, wallstent transjugular intrahepatic protosystemic shunt (tips) with unistep plus delivery system (90/94mm in length), wallstent rp tips endoprosthesis with unistep plus delivery system (94mm in length) note: only the wallstent rp tips endoprosthesis with unistep plus delivery system is effective October 1, 2000. The wallstent tips with unistep plust delivery system was effective August 1, 2000
Code added

C5284 Stent, tracheobronchial, ultraflex tracheobronchial endoprosthesis (covered and non-covered)
Code added

C5600 Vascular closure device, vasoseal es (extravascular security) device
Code added

C5601 Vascular closure device, vascular solutions duett sealing device 1000
Code added

C6001 Mesh, hernia, bard composix mesh, per 8 or 18 inches
Code added

C6002 Mesh, hernia, bard composix mesh, per 32 inches
Code added

C6003 Mesh, hernia, bard composix mesh, per 48 inches
Code added

C6004 Mesh, hernia, bard composix mesh, per 80 inches
Code added

C6005 Mesh, hernia, bard composix mesh, per 140 inches
Code added

C6006 Mesh, hernia, bard composix mesh, per 144 inches
Code added

C6012 Pelvicol acellular collagen matrix, per 8 or 14 quare centimeters
Code added

C6013 Pelvicol acellular collagen matrix, per 21, 24, or 28 square centimeters
Code added

C6014 Pelvicol acellular collagen matrix, per 40 square centimeters
Code added

C6015 Pelvicol acellular collagen matrix, per 48 square centimeters
Code added

C6016 Pelvicol acellular collagen matrix, per 96 square centimeters
Code added

C6017 Gore-tex dualmesh biomaterial, per 75 or 96 square centimeters (1mm thick)
Code added

C6018 Gore-tex dualmesh biomaterial, per 150 square centimeters oval shaped (1mm thick)
Code added

C6019 Gore-tex dualmesh biomaterial, per 285 square centimeters oval shaped (1mm thick)
Code added

C6020 Gore-tex dualmesh biomaterial, per 432 square centimeters (1mm thick)
Code added

C6021 Gore-tex dualmesh biomaterial, per 600 square centimeters (1mm thick)
Code added

C6022 Gore-tex dualmesh biomaterial, per 884 square centimeters (1mm thick)
Code added

C6023 Gore-tex dualmesh plus biomaterial, per 75 or 96 square centimeters (1mm thick)
Code added

C6024 Gore-tex dualmesh plus biomaterial, per 150 square centimeters oval shaped (1mm thick)
Code added

C6025 Gore-tex dualmesh plus biomaterial, per 285 square centimeters oval shaped (1mm thick)
Code added

C6026 Gore-tex dualmesh plus biomaterial, per 432 square centimeters (1mm thick)
Code added

C6027 Gore-tex dualmeshplus biomaterial, per 600 square centimeters (1mm thick)
Code added

C6028 Gore-tex dualmesh plus biomaterial, per 884 square centimeters oval shaped (1mm thick)
Code added

C6029 Gore-tex dualmesh plus biomaterial, per 150 square centimeters oval shaped (2mm thick)
Code added

C6030 Gore-tex dualmesh plus biomaterial, per 285 square centimeters oval shaped (2mm thick)
Code added

C6031 Gore-tex dualmesh plus biomaterial, per 432 square centimeters (2mm thick)
Code added

C6032 Gore-tex dualmesh plus biomaterial, per 600 square centimeters (2mm thick)
Code added

C6033 Gore-tex dualmesh plus biomaterial, per 884 square centimeters (2mm thick)
Code added

C6034 Bard reconix eptfe reconstruction patch 150 square centimeters (2mm thick)
Code added

C6035 Bard reconix eptfe reconstruction patch 150 square centimeters (1mm thick), 75 square centimeters (2mm thick)
Code added

C6036 Bard reconix eptfe reconstruction patch 50/75 square centimeters (1mm thick), 50 square centimeters (2mm thick)
Code added

C6037 Bard reconix eptfe reconstruction patch 300 square centimeters (1 mm thick)
Code added

C6038 Bard reconix eptfe reconstruction patch 600 square centimeters (1mm thick), 300 square centimeters (2mm thick)
Code added

C6039 Bard reconix eptfe reconstruction patch 884 square centimeters oval shaped (1mm thick)
Code added

C6040 Bard reconix eptfe reconstruction patch 600 square centimeters (2mm thick)
Code added

C6041 Bard reconix eptfe reconstruction patch 884 square centimeters oval shaped (2mm thick)
Code added

C6050 Sling fixation system for treatment of stress urinary incontinence, female in-fast sling fixation system with electric inserter with sling material, female in-fast sling fixation system with electric inserter without sling material
Code added

C6051 Stratasis urethral sling, 20/40 cm
Code added

C6052 Stratasis urethral sling, 60 cm
Code added

C6053 Surgisis soft tissue graft, per 70cm, 105cm, or 140cm
Code added

C6054 Surgisis enhanced strength soft tissue graft, per 42Cm, 20cm, 28cm or 40cm
Code added

C6055 Surgisis enhanced strength soft tissue graft, per 525Cm, 60cm, or 70cm
Code added

C6056 Surgisis enhanced strength soft tissue graft, per 105cm, 140cm
Code added

C6057 Surgisis hernia graft, per 195cm
Code added

C6058 Sugipro hernia mate plug, medium or large
Code added

C6080 Sling fixation system for treatment of stress urinary incontinence, male straight-in fixation system with electric inserter with sling material and disposable pressure sensor, male straight-in fixation system with electric inserter without sling material and disposable pressure sensor
Code added

C6200 Vascular graft, exxcel soft eptfe vascular graft
Code added

C6201 Vascular graft, impra venaflo vascular graft with carbon, straight graft 10cm or 20cm in length
Code added

C6202 Vascular graft, impra venaflo vascular graft with carbon, straight graft 30cm or 40cm in length
Code added

C6203 Vascular graft, impra venaflo vascular graft with carbon, straight graft (50cm in length) or centerflex venaflo stepped graft (45cm in length)
Code added

C6204 Vascular graft, impra venaflo vascular graft with carbon, stepped graft 20cm, 25cm, 30cm, 35cm, 40cm, or 45cm in length
Code added

C6205 Vascular graft, impra carboflo vascular graft, straight graft 10cm in length
Code added

C6206 Vascular graft, impra carboflo vascular graft, straight graft 20cm in length
Code added

C6207 Vascular graft, impra carboflo vascular graft, straight graft 30cm, 35cm or 40cm in length
Code added

C6208 Vascular graft, impra carboflo vascular graft, straight graft (50cm in length), access tapered graft (40cm in length), or stepped graft (45 or 50cm in length)
Code added

C6209 Vascular graft, impra carboflo vascular graft, centerflex straight graft (40cm or 50cm in length) or centerflex stepped graft (40cm, 45cm, or 50cm in length)
Code added

C6210 Vascular graft, exxcel eptfe vascular graft, less than 6mm in diameter
Code added

C6300 Stent graft system, vanguard iii bifurcated endovascular aortic graft
Code added

C6500 Sheath, guiding, preface braided guiding sheat (anterior curve, multipurpose curve, posterior curve)
Code added

C6501 Sheath, soft-tip sheaths
Code added

C6525 Spectranetics laser sheath 12f 500-001, 14f 500-012, 16f 500-013
Code added

C6600 Probe, microvasive swiss f/g lithoclast flexible probe 89Mm, microvasive swiss f/g lithoclast flexible probe ii 89Mm
Code added

C6650 Introducer, guiding, fast-cath two-piece guiding introducer 406869, 406892, 406893, 406904
Code added

C6651 Introducer, guiding, seal-away cs guiding introducer 407508, 407510
Code added

C6652 Introducer, bard safety excalibur introducer
Code added

C6700 Synthetic absorbable sealant, focal seal-l
Code added

C8099 Spectranetics lead locking device 518-018, 518-019, 518-020
Code added

C8100 Adhesion barrier, adcon-l
Code added

C8102 Surgi-vision esophageal stylet internal coil
Code added

C8103 Capio suture capturing device, standard or open access
Code added

C8500 Catheter, atherectomy, atherocath-gto atherectomy catheter
Code added

C8501 Pacemaker, single chamber, vigor ssi
Code added

C8502 Catheter, diagnostic, electrophysiology, livewire steerable electrophysiology catheter
Code added

C8503 Catheter, synchromed vascular catheter model 8702
Code added

C8504 Closure device, vasoseal vascular hemostasis device
Code added

C8505 Infusion pump, implantable, programmable, synchromed infusion pump
Code added

C8506 Lead, pacemaker, 4057m, 4058m, 4557m, 4558m,5058
Code added

C8507 Lead, pacemaker,6721l, 6721m, 6721s, 6939 oval patch lead
Code added

C8508 Lead, defibrillator, capsure 4965
Code added

C8509 Lead, defibrillator, transvene 6933, transvene 6937
Code added

C8510 Lead, defibrillator, dp-3238
Code added

C8511 Lead, defibrillator, endotak dsp
Code added

C8512 Lead, neurostimulation, on-point model 3987, pisces-quad plus model 3888, resume tl model 3986
Code added

C8513 Lead, neurostimulation, pisces-quad model 3487a, resume ii model 3587a
Code added

C8514 Prosthesis, penile, dura ii penile prosthesis
Code added

C8516 Prosthesis, penile, mentor acu-form malleable penile prosthesis, mentor malleable penile prosthesis
Code added

C8518 Pacemaker, dual chamber, vigor ddd
Code added

C8519 Pacemaker, dual chamber, vista ddd
Code added

C8520 Pacemaker, single chamber, legacy ii s
Code added

C8521 Receiver/transmitter, neurostimulator, medtronic mattrix
Code added

C8522 Stent, biliary, palmaz balloon expandable stent
Code added

C8523 Stent, biliary, wallstent transhepatic biliary endoprosthesis
Code added

C8524 Stent, esophageal, wallstent esophageal prosthesis
Code added

C8525 Stent, esophageal, wallstent esophageal prosthesis (double)
Code added

C8526 Optiplast xt 5f percutaneous transluminal angioplasty catheter (various sizes)
Code added

C8528 Ms classique balloon dilatation catheter
Code added

C8529 Ismus cath deflectable 20-pole catheter/crista cath ii deflectable 20-pole catheter
Code added

C8530 Mentor siltex gel-filled mammary prosthesis, smooth-surface gel-filled mammary prosthesis
Code added

C8531 Wilson-cook esophageal z metal expandable stent
Code added

C8532 Stent, esophageal, ultraflex esophageal stent system
Code added

C8533 Catheter, synchromed vascular catheter model 8700a, model 8700v
Code added

C8534 Prosthesis, penile, ams malleable 650 penile prosthesis
Code added

C8535 Stent, biliary, spiral z biliary metal expandable stent, za biliary metal expandable stent
Code added

C8536 Stent, esophageal, esophageal z metal expandable stent with dua anti-reflux valve, esophageal z metal expandable stent with uncoated flanges
Code added

C8539 Wilson-cook quantum dilatation balloon
Code added

C8540 Flex-ez (esophageal) balloon dilator 3302, 3304, 3306
Code added

C8541 Carson zero tip balloon dilatation catheters with hydroplus coating kit, passport balloon on a wire dilatation catheters with hydroplus coating kit
Code added

C8542 Urethramax high pressure urethral balloon dilatation catheter/kit
Code added

C8543 Amplatz renal dilator set
Code added

C8550 Catheter, livewire ep catheter, 7f csm 401935, 5f decapolar 401938, 401939, 401940, 401941
Code added

C8551 Catheter, livewire ep catheter, 7f duo-decapolar 401932
Code added

C8552 Catheter, santuro fixed curve catheter
Code added

C8597 Guide wire, cordis wisdom st steerable guidewire 537-114, 537-114j, 537-114x, 537-114y
Code added

C8598 Guide wire, cordis sv guidewire 5cm distal taper configuration (models 503-558, 503-558x), 8cm distal taper configuration (models 503-658, 503-658x), 14cm distal taper configuration (models 503-758, 503-758x)
Code added

C8599 Guide wire, cordis stabilizer xs steerable guidewire 527-914, 527-914j, 527-914x, 527-914y
Code added

C8600 Guide wire, cordis shinobi plus steerable guidewire 547-214, 547-214x
Code added

C8650 Introducer, cook extra large check-flo introducer
Code added

C8724 Lead, neurostimulation, octad lead 3898-33/389861
Code added

C8725 Lead, neurostimulation, symmix lead 3982
Code added

C8748 Lead, defibrillator, endotak sq patch 0047, 0063
Code added

C8749 Lead, defibrillator, endotak sq array 0048, 0049
Code added

C8750 Pacemaker, dual chamber, unity vddr 292-07
Code added

C8775 Lead, pacemaker, 2188 coronary sinus lead
Code added

C8776 Lead, pacemaker, innomedica sutureless myocardial 4045, 4058, 4046, 4047
Code added

C8777 Lead, pacemaker, unipass 425-02, 425-04, 425-06
Code added

C8800 Stent, biliary, large palmaz balloon expandable stent with delivery system
Code added

C8801 Stent, biliary, cook z stent gianturco-rosch biliary design
Code added

C8802 Stent, biliary, cook oasis one action stent introductory system
Code added

C8830 Stent, coronary, cook gianturco-roubin flex-stent coronary stent
Code added

C8890 Perfluoron, per 2ml
Code added

C8891 Perfluoron, per 5ml vial or 7ml vial
Code added

C9000 Injection, sodium chromate cr51, per 025 Mci
Code added

C9001 Linezolid injection, per 200mg
Code added

C9002 Tenecteplase, per 50mg/vial
Code added

C9003 Palivizumab-rsv-igm, per 50 mg
Code added

C9004 Injection, gemtuzumab ozogamicin, per 5 mg
Code added

C9005 Injection, reteplase, 188 Mg (one single-use vial)
Code added

C9006 Injection, tacrolimus, per 5 mg (1 amp)
Code added

C9007 Baclofen intrathecal screening kit (1 amp)
Code added

C9008 Baclofen intrathecal refill kit, per 500 mcg
Code added

C9009 Baclofen refill kit, per 2000 mcg
Code added

C9010 Baclofen intrathecal refill kit, per 4000 mcg
Code added

C9011 Injection, caffeine citrate, per 1ml
Code added

C9100 Supply of radiopharmaceutical diagnostic imaging agent, iodinated i-131 albumin, per mci
Code added

C9102 Supply of radiopharmaceutical diagnostic imaging agent, 51 sodium chromate, per 50 mci
Code added

C9103 Supply of radiopharmaceutical diagnostic imaging agent, sodium iothalamate i-125 injection, per 10 uci
Code added

C9104 Anti-thymocyte globulin, per 25 mg
Code added

C9105 Injection, hepatitis b immune globulin, per 1 ml
Code added

C9106 Sirolimus, per 1 mg/ml
Code added

C9107 Injection, tinzaparin sodium, per 2ml vial
Code added

C9500 Platelets, irradiated, each unit
Code added

C9501 Platelets, pheresis, each unit
Code added

C9502 Platelets, pheresis, irradiated, each unit
Code added

C9503 Fresh frozen plasma, donor retested, each unit
Code added

C9504 Red blood cells, deglycerolized, ea unit
Code added

C9505 Red blood cells, irradiated, each unit
Code added

C9700 Water induced thermotherapy
Code added

C9701 Stretta system
Code added

C9702 Checkmate intravascular brachytherapy system
Code added

D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit)
New code

D0270 Bitewing(s); single film
Description changed

D0277 Vertical bitewings; 7 to 8 films
New code

D0290 Posterior-anterior or lateral skull and facial bone, survey film
Description changed

D0350 Oral/facial images (includes intra and extraoral images)
New code

D0471 **Code deleted**

D0472 Accession of tissue; gross examination, preparation and transmission of written report
New code

D0473 Accession of tissue; gross and microscopic examination, preparation and transmission of written report
New code

D0474 Accession of tissue; gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
New code

D0480 Processing and interpretation of cytologic smears, including the preparation and transmission of written report
New code

D1201 Topical application of fluoride (including prophylaxis); child
Description changed

D1203 Topical application of fluoride (prophylaxis not included); child
Description changed

D1205 Topical application of fluoride (including prophylaxis); adult
Description changed

D1310 Nutritional counseling for control of dental disease
Description changed

D1330 Oral hygiene instructions
Description changed

D2131 Amalgam; four or more surfaces, primary
Description changed

D2140 Amalgam; one surface, permanent
Description changed

D2210 **Code deleted**

D2330 Resin-based composite; one surface, anterior
Description changed

D2331 Resin-based composite; two surfaces, anterior
Description changed

D2332 Resin-based composite; three surfaces, anterior
Description changed

D2335 Resin-based composite; four or more surfaces or involving incisal angle (anterior)
Description changed

D2336 Resin-based composite crown; anterior-primary
Description changed

D2337 Resin-based composite crown; anterior-permanent
New Code

D2380 Resin-based composite; one surface, posterior-primary
Description changed

D2381 Resin-based composite; two surfaces, posterior-primary
Description changed

D2382 Resin-based composite; three or more surfaces, posterior-primary
Description changed

D2385 Resin-based composite; one surface, posterior-permanent
Description changed

D2386 Resin-based composite; two surfaces, posterior-permanent
Description changed

D2387 Resin-based composite; three surfaces, posterior-permanent
Description changed

D2388 Resin-based composite; four or more surfaces, posterior-permanent
New code

D2530 Inlay - metallic; three or more surfaces
Description changed

D2542 Onlay - metallic; two surfaces
New code

D2543 Onlay - metallic; three surfaces
Description changed

D2630 Inlay - porcelain/ceramic; three or more surfaces
Description changed

D2650 Inlay - resin-based composite; one surface
Description changed

D2651 Inlay - resin-based composite, two surfaces
Description changed

D2652 Inlay - resin-based composite; three or more surfaces
Description changed

D2662 Onlay - resin-based composite; two surfaces
Description changed

D2663 Onlay - resin-based composite; three surfaces
Description changed

D2664 Onlay - resin-based composite; four or more surfaces
Description changed

D2780 Crown; 3/4 cast high noble metal
New code

D2781 Crown; 3/4 cast predominantly base metal
New code

D2782 Crown; 3/4 cast noble metal
New code

D2783 Crown; 3/4 porcelain/ceramic
New code

D2799 Provisional crown
New code

D2810 **Code deleted**

D2951 Pin retention - per tooth, in addition to restoration
Description changed

D2953 Each additional cast post - same tooth
New code

D2957 Each additional prefabricated post - same tooth (to be used with D2954)
New code

D2960 Labial veneer (resin laminate); chairside
Description changed

D2970 Temporary crown (fractured tooth)
Description changed

D3110 Pulp cap; direct (excluding final restoration)
Description changed

D3220 Therapeutic pulpotomy (excluding final restoration); removal of pulp coronal to the dentinocemental junction and application of medicament
Description changed

D3221 Gross pulpal debridement, primary and permanent teeth
New code

D3310 Anterior (excluding final restoration)
Description changed

D3320 Bicuspid (excluding final restoration)
Description changed

D3330 Molar (excluding final restoration)
Description changed

D3331 Treatment of root canal obstruction; non-surgical access
New code

D3332 Incomplete endodontic therapy; inoperable or fractured tooth
New code

D3333 Internal root repair of perforation defects
New code

D3346 Retreatment of previous root canal therapy; anterior
Description changed

D3347 Retreatment of previous root canal therapy; bicuspid
Description changed

D3348 Retreatment of previous root canal therapy; molar
Description changed

D3410 Apicoectomy/periradicular surgery; anterior
Description changed

D3412 Apicoectomy/periradicular surgery; bicuspid (first root)
Description changed

D3430 Retrograde filling - per root
Description changed

D3470 Intentional reimplantation (including necessary splinting)
Description changed

D3950 Canal preparation and fitting of preformed dowel or post
Description changed

D3960 **Code deleted**

D4220 Gingival curettage, per quadrant, by report
Description changed

D4245 Apically positioned flap
New code

D4250 **Code deleted**

D4266 Guided tissue regeneration; resorbable barrier, per site
Description changed

D4267 Guided tissue regeneration; non-resorbable barrier, per site (includes membrane removal)
Description changed

D4268 Surgical revision procedure, per tooth
New code

D4341 Periodontal scaling and root planing; per quadrant
Description changed

D4910 Periodontal maintenance procedures (following active therapy)
Description changed

D5110 Complete denture; maxillary
Description changed

D5120 Complete denture; mandibular
Description changed

D4130 Immediate denture; maxillary
Description changed

D5140 Immediate denture; mandibular
Description changed

D5211 Maxillary partial denture; resin base (including any conventional clasps, rests and teeth)
Description changed

D5212 Mandibular partial denture; resin base (including any conventional clasps, rests and teeth)
Description changed

D5213 Maxillary partial denture; cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
Description changed

D5214 Mandibular partial denture; cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
Description changed

D5281 Removable unilateral partial denture; one piece cast metal (including clasps and teeth)
Description changed

D5410 Adjust complete denture; maxillary
Description changed

D5411 Adjust complete denture; mandibular
Description changed

D5421 Adjust partial denture; maxillary
Description changed

D5422 Adjust partial denture; mandibular
Description changed

D5610 Repair resin denture base
Description changed

D5660 Add clasp to existing partial denture
Description changed

D5710 Rebase complete maxillary denture
Description changed

D5711 Rebase complete mandibular denture
Description changed

D5720 Rebase maxillary partial denture
Description changed

D5721 Rebase mandibular partial denture
Description changed

D5730 Reline complete maxillary denture (chairside)
Description changed

D5731 Reline complete mandibular denture (chairside)
Description changed

D5740 Reline maxillary partial denture (chairside)
Description changed

D5741 Reline mandibular partial denture (chairside)
Description changed

D5750 Reline complete maxillary denture (laboratory)
Description changed

D5751 Reline complete mandibular denture (laboratory)
Description changed

D5760 Reline maxillary partial denture (laboratory)
Description changed

D5761 Reline mandibular partial denture (laboratory)
Description changed

D5810 Interim complete denture (maxillary)
Description changed

D5811 Interim complete denture (mandibular)
Description changed

D5820 Interim partial denture (maxillary)
Description changed

D5821 Interim partial denture (mandibular)
Description changed

D5850 Tissue conditioning; maxillary
Description changed

D5851 Tissue conditioning; mandibular
Description changed

D5867 Replacement of replaceable part of semi-precision or precision attachment (male or female component)
New code

D5875 Modification of removable prosthesis following implant surgery
New code

D5911 Facial moulage (sectional)
Description changed

D5912 Facial moulage (complete)
Description changed

D5931 Obturator prosthesis; surgical
Description changed

D5932 Obturator prosthesis; definitive
Description changed

D5933 Obturator prosthesis; modification
Description changed

D5934 Mandibular resection prosthesis with guide flanged
Description changed

D5935 Mandibular resection prosthesis without guide flange
Description changed

D5936 Obturator prosthesis, interim
Description changed

D5937 Trismus appliance (not for TMD treatment)
Description changed

D5952 Speech aid prosthesis; pediatric
Description changed

D5953 Speech aid prosthesis; adult
Description changed

D5954 Palatal augmentation prosthesis
Description changed

D5985 Radiation cone locator
Description changed

D5986 Fluoride gel carrier
Description changed

D6040 Surgical placement: eposteal implant
Description changed

D6050 Surgical placement: transosteal implant
Description changed

D6055 Dental implant supported connection bar
Description changed

D6056 Prefabricated abutment
New code

D6057 Custom abutment
New code

D6058 Abutment supported porcelain/ceramic crown
New code

D6059 Abutment supported porcelain fused to metal crown (high noble metal)
New code

D6060 Abutment supported porcelain fused to metal crown (predominantly base metal)
New code

D6061 Abutment supported porcelain fused to metal crown (noble metal)
New code

D6062 Abutment supported cast metal crown (high noble metal)
New code

D6063 Abutment supported cast metal crown (predominantly base metal)
New code

D6064 Abutment supported cast metal crown (noble metal)
New code

D6065 Implant supported porcelain/ceramic crown
New code

D6066 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
New code

D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal)
New code

D6068 Abutment supported retainer for porcelain/ceramic FPD
New code

D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
New code

D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
New code

D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal)
New code

D6072 Abutment supported retainer for cast metal FPD (high noble metal)
New code

D6073 Abutment supported retainer for cast metal FPD (predominantly base metal)
New code

D6074 Abutment supported retainer for cast metal FPD (noble metal)
New code

D6075 Implant supported retainer for ceramic FPD
New code

D6076 Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
New code

D6077 Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
New code

D6078 Implant/abutment supported fixed denture for completely edentulous arch
New code

D6079 Implant/abutment supported fixed denture for partially edentulous arch
New code

D6245 Pontic; porcelain/ceramic
New code

D6519 Inlay/onlay - porcelain/ceramic
New code

D6543 Onlay - metallic; three surfaces
Description changed

D6545 Retainer; cast metal for resin bonded fixed prosthesis
Description changed

D6548 Retainer; porcelain ceramic for resin bonded fixed prosthesis
New code

D6740 Crown; porcelain ceramic
New code

D6781 Crown; 3/4 cast predominantly base metal
New code

D6782 Crown; 3/4 cast noble metal
New code

D6783 Crown; 3/4 porcelain/ceramic
New code

D6930 Recement fixed partial denture
Description changed

D6970 Cast post and core in addition to fixed partial denture retainer
Description changed

D6971 Cast post as part of fixed partial denture retainer
Description changed

D6972 Prefabricated post and core in addition to fixed partial denture retainer
Description changed

D6976 Each additional cast post - same tooth
New code

D6977 Each additional prefabricated post - same tooth
New code

D6980 Fixed partial denture repair, by report
Description changed

D6999 Unspecified, fixed prosthodontic procedure, by report
Description changed

D7241 Removal of impacted tooth; completely bony, with unusual surgical complications
Description changed

D7285 Biopsy of oral tissue; hard (bone, tooth)
Description changed

D7286 Biopsy of oral tissue; soft (all others)
Description changed

D7350 Vestibuloplasty; ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
Description changed

D7420 Radical excision; lesion diameter greater than 1.25 cm
Description changed

D7431 Excision of benign tumor; lesion diameter greater than 1.25 cm
Description changed

D7441 Excision of malignant tumor; lesion diameter greater than 1.25 cm
Description changed

D7451 Removal of odontogenic cyst or tumor; lesion diameter greater than 1.25 cm
Description changed

D7461 Removal of nonodontogenic cyst or tumor; lesion diameter greater than 1.25 cm
Description changed

D7465 Destruction of lesion(s) by physical methods, by report
Description changed

D7470 **Code deleted**

D7471 Removal of exostosis, per site
New code

D7530 Removal of foreign body, skin, or subcutaneous alveolar tissue
Description changed

D7540 Removal of reaction-producing foreign bodies, musculoskeletal system
Description changed

D7610 Maxilla; open reduction (teeth immobilized, if present)
Description changed

D7620 Maxilla; closed reduction (teeth immobilized, if present)
Description changed

D7630 Mandible; open reduction (teeth immobilized, if present)
Description changed

D7640 Mandible; closed reduction (teeth immobilized, if present)
Description changed

D7670 Alveolus - stabilization of teeth, closed reduction splinting
Description changed

D7850 Surgical discectomy, with/without implant
Description changed

D7856 Myotomy
Description changed

D7871 Non-arthroscopic lysis and lavage
New code

D7874 Arthroscopy - surgical; disc repositioning and stabilization
Description changed

D7880 Occlusal orthotic device, by report
Description changed

D7911 Complicated suture; up to 5 cm
Description changed

D7912 Complicated suture; greater than 5 cm
Description changed

D7941 Osteotomy; mandibular rami
Description changed

D7942 **Code deleted**

D7943 Osteotomy; mandibular rami with bone graft; includes obtaining the graft
Description changed

D7944 Osteotomy; segmental or subapical - per sextant or quadrant
Description changed

D7946 LeFort I (maxilla - total)
Description changed

D7947 LeFort I (maxilla - segmented)
Description changed

D7948 LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion); without bone graft
Description changed

D7949 LeFort II or LeFort III; with bone graft
Description changed

D7996 Implant-mandible for augmentation purposes (excluding alveolar ridge), by report
Description changed

D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar
New code

D8010 Limited orthodontic treatment of the primary dentition
Description changed

D8691 Repair of orthodontic appliance
New code

D8692 Replacement of lost or broken retainer
New code

D9220 General anesthesia; first 30 minutes
Description changed

D9230 Analgesia, anxiolysis, inhalation of nitrous oxide
Description changed

D9240 **Code deleted**

D9241 Intravenous sedation/analgesia; first 30 minutes
New code

D9242 Intravenous sedation/analgesia; each additional 15 minutes
New code

D9248 Non-intravenous conscious sedation
New code

D9310 Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)
Description changed

D9410 House/extended care facility call
Description changed

D9910 Application of desensitizing medicament
Description changed

D9911 Application of desensitizing resin for cervical and/or root service, per tooth
New code

D9930 Treatment of complications (post-surgical) - unusual circumstances, by report
Description changed

D9940 Occlusal guard, by report
Description changed

D9971 Odontoplasty 1-2 teeth; includes removal of enamel projections
New code

D9972 External bleaching; per arch
New code

D9973 External bleaching; per tooth
New code

D9974 Internal bleaching; per tooth
New code

E0148 Walker, heavy duty, without wheels, rigid or folding, any type, each
Code added

E0149 Walker, heavy duty, wheeled, rigid or folding, any type, each
Code added

E0168 Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each
Code added

E0298 Hospital bed, heavy duty, extra wide, with any type side rails, with mattress
Code added

E0424 Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
Description changed

E0431 Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
Description changed

E0439 Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing
Description changed

E0441 Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned)
Description changed

E0442 Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned)
Description changed

E0443 Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used)
Description changed

E0444 Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used)
Description changed

E0571 Aerosol compressor, battery powered, for use with small volume nebulizer
Code added

E0572 Aerosol compressor, adjustable pressure, light duty for intermittent use
Code added

E0574 Ultrasonic generator with small volume ultrasonic nebulizer
Code added

E0575 Nebulizer, ultrasonic, large volume
Description changed

E0617 External defibrillator with integrated electrocardiogram analysis
Code added

E0751 Implantable neurostimulator pulse generator, or combination of external transmitter with implantable receiver (includes extension)
Code deleted

E0756 Implantable neurostimulator pulse generator
Code added

E0757 Implantable neurostimulator radiofrequency receiver
Code added

E0758 Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
Code added

E0765 Fda approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting
Code added

E0786 Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)
Code added

E0830 Ambulatory traction device, all types, each
Code added

E1035 Multi-positional patient transfer system, with integrated seat, operated by care giver
Code added

E1375 Nebulizer portable with small compressor, with limited flow
Code deleted; use E0570

E1377 Oxygen concentrator, high humidity system equiv. To 244 cu. Ft
Code deleted; use Q0036

E1378 Oxygen concentrator, high humidity system equiv. To 488 cu. Ft
Code deleted; use Q0036

E1379 Oxygen concentrator, high humidity system equiv. To 732 cu. Ft
Code deleted; use Q0036

E1380 Oxygen concentrator, high humidity system equiv. To 976 cu. Ft
Code deleted; use Q0036

E1381 Oxygen concentrator, high humidity system equiv. To 1220 cu. Ft
Code deleted; use Q0036

E1382 Oxygen concentrator, high humidity system equiv. To 1464 cu. Ft
Code deleted; use Q0036

E1383 Oxygen concentrator, high humidity system equiv. To 1708 cu. Ft
Code deleted; use Q0036

E1384 Oxygen concentrator, high humidity system equiv. To 1952 cu. Ft
Code deleted; use Q0036

E1385 Oxygen concentrator, high humidity system equiv. To over 1952 cu. Ft
Code deleted; use Q0036

E1800 Dynamic adjustable elbow extension/flexion device, or equal
Description changed

E1805 Dynamic adjustable wrist extension/flexion device, or equal
Description changed

E1810 Dynamic adjustable knee extension/flexion device, or equal
Description changed

E1815 Dynamic adjustable ankle extension/flexion device, or equal
Description changed

E1825 Dynamic adjustable finger extension/flexion device, or equal
Description changed

E1830 Dynamic adjustable toe extension/flexion device, or equal
Description changed

G0108 Diabetes outpatient self-management training services, individual, per 30 minutes
Description changed

G0109 Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
Description changed

G0159 Percutaneous thrombectomy and/or revision, arteriovenous fistula, autogenous or nonautogenous dialysis graft
Code deleted

G0160 Cryosurgical ablation of localized prostate cancer, primary treatment only (post operative irrigations and aspiration of sloughing tissue included)
Code deleted

G0161 Ultrasonic guidance for interstitial placement of cryosurgical probes
Code deleted

G0169 Removal of devitalized tissue, without use of anesthesia (conscious sedation, local, regional, general)
Code deleted

G0170 Application of tissue cultured skin grafts, including bilaminate skin substitutes or neodermis, including site preparation, initial 25 sq cms
Code deleted

G0171 Application of tissue cultured skin grafts, including bilaminate skin substitutes or neodermis, including site preparation, each additional 25 sq cms
Code deleted

G0172 Training and educational services furnished as a component of a partial hospitalization treatment program, per day
Code deleted; use G0177

G0173 Stereotactic radiosurgery, complete course of therapy in one session
Code added

G0174 [IMRT] Intensity modulated radiation therapy plan, per session
Code added

G0175 Scheduled interdisciplinary team conference (minimum of three exclusive)
Code added

G0176 Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patientls disabling mental health problems, per session (45 minutes or more)
Code added

G0177 Training and educational services related to the care and treatment of patientls disabling mental health problems per session (45 minutes or more)
Code added

G0178 Intensity modulated radiation therapy (imrt) delivery to multiple areas with treatment setup and verification images
Code added

G0179 Intensity modulated radiation therapy (imrt) planning, includes dose volume nistograms, inverse plan optimization, plan positional accuracy and dose verification
Code added

G0180 Physician certification services for Medicare-covered services provided by
Code added

G0181 Physician supervision of a patient receiving medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patientls care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more
Code added

G0182 Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patientls care, integration of new information into the medical treatment plan and/or

adjustment of medical therapy, within a calendar month, 30 minutes or more
Code added

G0183 Destruction of localized lesion of choroid (for example, choloroidal neovascularization); ocular photodynamic therapy (includes intravenous infusion)
Code added

G0184 Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, (for example by laser) one or more sessions
Code added

G0185 Destruction of localized lesion of choroid (for example, choroidal neovascularization); transpupillary thermotherapy (one or more sessions)
Code added

G0186 Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)
Code added

G0187 Destruction of macular drusen, photocoagulation (one or more sessions)
Code added

G0188 Full length radiography of lower extremity, which includes hip, knee and ankle
Code added

G0190 Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections; each additional vaccine (single or combination vaccine/toxoid)
Code added

G0191 Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections); each additional vaccine (single or combination vaccine/toxoid) list separately in addition to Code for primary procedure
Code added

G0192 Intranasal or oral administration; one vaccine (single or combination vaccine/toxoid)
Code added

G0193 Endoscopic study of swallowing function (also fiberoptic endoscopic evaluation of swallowing (fees)
Code added

G0194 Sensory testing during endoscopic study of swallowing (add on Code) referred to as fiberoptic endoscopic evaluation of swallowing with sensory testing (feest)
Code added

G0195 Clinical evaluation of swallowing function (not involving interpretation of dynamic radiological studies or endoscopic study of swallowing)
Code added

G0196 Evaluation of swallowing involving swallowing of radio-opaque materials
Code added

G0197 Evaluation of patient for prescription of speech generating devices
Code added

G0198 Patient adaptation and training for use of speech generating devices
Code added

G0199 Re-evaluation of patient using speech generating devices
Code added

G0200 Evaluation of patient for prescription of voice prosthetic
Code added

G0201 Modification or training in use of voice prosthetic
Code added

G9001 Coordinated care fee, initial rate
Code added

G9002 Coordinated care fee, maintenance rate
Code added

G9003 Coordinated care fee, risk adjusted high, initial
Code added

G9004 Coordinated care fee, risk adjusted low, initial
Code added

G9005 Coordinated care fee, risk adjusted maintenance
Code added

G9006 Coordinated care fee, home monitoring
Code added

G9007 Coordinated care fee, scheduled team conference
Code added

G9008 Coordinated care fee, physician coordinated care oversight services
Code added

G9016 Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [demo project Code only]
Code added

H0001 Alcohol and/or drug assessment
Code added

H0002 Alcohol and/or drug screening to determine eligibility for admission to treatment program
Code added

H0003 Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs
Code added

H0004 Alcohol and/or drug services; individual counseling by a clinician
Code added

H0005 Alcohol and/or drug services; group counseling by a clinician
Code added

H0006 Alcohol and/or drug services; case management
Code added

H0007 Alcohol and/or drug services; crisis intervention (outpatient)
Code added

H0008 Alcohol and/or drug services; sub-acute detoxification (hospital inpatient)
Code added

H0009 Alcohol and/or drug services; acute detoxification (hospital inpatient)
Code added

H0010 Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)
Code added

H0011 Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
Code added

H0012 Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)
Code added

H0013 Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)
Code added

H0014 Alcohol and/or drug services; ambulatory detoxification
Code added

H0015 Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
Code added

H0016 Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)
Code added

H0017 Alcohol and/or drug services; residential (hospital residential treatment program)
Code added

H0018 Alcohol and/or drug services; short-term residential (non-hospital residential treatment program)
Code added

H0019 Alcohol and/or drug services; long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days)
Code added

H0020 Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)
Code added

H0021 Alcohol and/or drug training service (for staff and personnel not employed by providers)
Code added

H0022 Alcohol and/or drug intervention service (planned facilitation)
Code added

H0023 Alcohol and/or drug outreach service (planned approach to reach a target population)
Code added

H0024 Alcohol and/or drug prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge or attitude)
Code added

H0025 Alcohol and/or drug prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)
Code added

H0026 Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)
Code added

H0027 Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)
Code added

H0028 Alcohol and/or drug prevention problem identification and referral service (eg, Student assistance and employee assistance programs), does not include assessment
Code added

H0029 Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use eg, Alcohol free social events)
Code added

H0030 Alcohol and/or drug hotline service
Code added

J0282 Injection, amiodarone hydrochloride, 30 mg
Code added

J0895 Injection, deferoxamine mesylate, 500 mg
Description changed

J1100 Injection, dexamethasone sodium phosphate, 1mg
Description changed

J1452 Injection, fomivirsen sodium, intraocular, 165 Mg
Code added

J1562 Injection, immune globulin, intravenous, 5 gms
Code deleted

J1563 Injection, immune globulin, intravenous, 1g
Code added

J2260 Injection, milrinone lactate, 5 mg
Description changed

J2543 Injection, piperacillin sodium/tazobactam sodium, 1 gram/0125 Grams (1125 Grams)
Description changed

J2770 Injection, quinupristin/dalfopristin, 500 mg (150/350)
Code added

J2795 Injection, ropivacaine hydrochloride, 1 mg
Code added

J2915 Injection, sodium ferric gluconate complex in sucrose injection, 625 Mg
Code added

J2993 Injection, reteplase, 188 Mg
Code added

J2994 Injection reteplase, 376 Mg (two single use vials)
Code deleted

J2996 Injection, alteplase recombinant, per 10 mg
Code deleted

J2997 Injection, alteplase recombinant, 1 mg
Code added

J3010 Injection, fentanyl citrate, 01 Mg
Description changed

J3485 Injection, zidovudine, 10 mg
Code added

J7196 Other hemophilia clotting factors, (eg, Anti-inhibitors), per IU
Code deleted

J7330 Autologous cultured chondrocytes, implant
Code added

J7505 Muromonab-CD3, parenteral, 5 mg
Description changed

J7520 Sirolimus, oral, 1 mg
Code added

J7525 Tacrolimus, parenteral, 5 mg
Code added

J7610 Acetylcysteine, 10%, per ml, inhalation solution administered through DME
Code deleted

J7615 Acetylcysteine, 20%, per ml, inhalation solution administered through DME
Code deleted

J7618 Albuterol, all formulations including separated isomers, inhalation solution administered through DME, concentrated form, per 1 mg
Description changed

J7619 Albuterol, all formulations including separated isomers, inhalation solution administered through DME, unit dose form, per 1 mg
Description changed

J7620 Albuterol sulfate, 0083%, Per ml, inhalation solution administered through DME
Code deleted

J7625 Albuterol sulfate, 05%, Per ml, inhalation solution administered through DME
Code deleted

J7627 Bitolterol mesylate, 02%, Per 10 ml, inhalation solution administered through DME
Code deleted

J7630 Cromolyn sodium, per 20 mg, inhalation solution administered through DME
Code deleted

J7640 Epinephrine, 225%, Per ml, inhalation solution administered through DME
Code deleted

J7645 Ipratropium bromide 002%, Per ml, inhalation solution administered through a DME
Code deleted

J7650 Isoetharine hydrochloride, 01%, Per ml, inhalation solution administered through DME
Code deleted

J7651 Isoetharine hydrochloride, 0125%, Per ml, inhalation solution administered through DME
Code deleted

J7652 Isoetharine hydrochloride, 0167%, Per ml, inhalation solution administered through DME
Code deleted

J7653 Isoetharine hydrochloride, 02%, Per ml, inhalation solution administered through DME
Code deleted

J7654 Isoetharine hydrochloride, 025%, Per ml, inhalation solution administered through DME
Code deleted

J7655 Isoetharine hydrochloride, 10%, Per ml, inhalation solution administered through DME
Code deleted

J7660 Isoproterenol hydrochloride, 05%, Per ml, inhalation solution administered through DME
Code deleted

J7665 Isoproterenol hydrochloride, 10%, Per ml, inhalation solution administered through DME
Code deleted

J7670 Metaproterenol sulfate, 04%, Per 25 Ml, inhalation solution administered through DME
Code deleted

J7672 Metaproterenol sulfate, 06%, Per 25 Ml, inhalation solution administered through DME
Code deleted

J7675 Metaproterenol sulfate, 50%, Per ml, inhalation solution administered through DME
Code deleted

J8700 Temozolmide, oral, 5 mg
Code added

J9160 Denileukin diftitox, 300 mcg
Code added

J9180 Epirubicin hydrochloride, 50 mg
Code added

J9219 Leuprolide acetate implant, 65 mg
Code added

K0182 Water, distilled, used with large volume nebulizer, 1000 ml
Code deleted; use A7018

K0269 Aerosol compressor, adjustable pressure, light duty for intermittent use
Code deleted; use E0572

K0270 Ultrasonic generator with small volume ultrasonic nebulizer
Code deleted; use E0574

K0280 Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
Code deleted; use A4331

K0281 Lubricant, individual sterile packet, for insertion of urinary catheter, each
Code deleted; use A4332

K0283 Saline solution, per 10 ml, metered dose dispenser, for use with inhalation drugs
Code deleted; use A7019

K0407 Urinary catheter anchoring device, adhesive skin attachment
Code deleted; use A4333

K0408 Urinary catheter anchoring device, leg strap
Code deleted; use A4334

K0409 Sterile water irrigation solution, 1000 ml
Code deleted; use A4319

K0410 Male external catheter, with adhesive coating, each
Code deleted; use A4324

K0411 Male external catheter, with adhesive strip, each
Code deleted; use A4325

K0440 Nasal prosthesis - provided by a non-physician
Code deleted; use L8040

K0441 Midfacial prosthesis - provided by a non-physician
Code deleted; use L8041

K0442 Orbital prosthesis - provided by a non-physician
Code deleted; use L8042

K0443 Upper facial prosthesis - provided by a non-physician
Code deleted; use L8043

K0444 Hemi-facial prosthesis - provided by a non-physician
Code deleted; use L8044

K0445 Auricular prosthesis - provided by a non-physician
Code deleted; use L8045

K0446 Partial facial prosthesis - provided by a non-physician
Code deleted; use L8046

K0447 Nasal septal prosthesis - provided by a non-physician
Code deleted; use L8047

K0448 Unspecified maxillofacial prosthesis, by report - provided by a non-physician
Code deleted; use L8048

K0449 Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments - provided by a non-physician
Code deleted; use L8049

K0450 Adhesive, liquid, for use with facial prosthesis only, per ounce
Code deleted; use A4364

K0451 Adhesive remover, wipes, for use with facial prosthesis, per box of 50
Code deleted; use A4365

K0456 Hospital bed, heavy duty, extra wide, with any type side rails, with mattress
Code deleted; use E0298

K0457 Extra wide/heavy duty commode chair, each
Code deleted; use E0168

K0458 Heavy duty walker, without wheels, each
Code deleted; use E0148

K0459 Heavy duty wheeled walker, each
Code deleted; use E0149

K0501 Aerosol compressor, battery powered, for use with small volume nebulizer
Code deleted; use E0571

K0529 Sterile water or sterile saline, 1000 ml, used with large volume nebulizer
Code deleted; use A7020

K0535 Gauze, impregnated, hydrogel, for direct wound contact pad size 16 square inch or less, without adhesive border, each dressing
Code deleted; use A6231

K0536 Gauze, impregnated, hydrogel, for direct wound contact pad size more than 16 sq in, but less than or equal to 48 sq in, without adhesive border, each dressing
Code deleted; use A6232

K0537 Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq in, without adhesive border, each dressing
Code deleted; use A6233

K0538 Negative pressure wound therapy electrical pump, stationary or portable
Code added

K0539 Dressing set for negative pressure wound therapy electrical pump, stationary or portable
Code added

K0540 Canister set for negative pressure wound therapy electrical pump, stationary or portable
Code added

K0541 Speech generating device, digitized speech using pre-recorded messages, less than or equal to 8 minutes recording time
Code added

K0542 Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes recording time
Code added

K0543 Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
Code added

K0544 Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
Code added

K0545 Speech generating software program, for personal computer or personal digital assistant
Code added

K0546 Accessory for speech generating device, mounting system
Code added

K0547 Accessory for speech generating device, not otherwise classified
Code added

L1600 Hip orthosis, abduction control of hip joints, flexible, frejka type with cover, prefabricated, includes fitting and adjustment
Description changed

L1610 Hip orthosis, abduction control of hip joints, flexible, (frejka cover only), prefabricated, includes fitting and adjustment
Description changed

L1620 Hip orthosis, abduction control of hip joints, flexible, (pavlik harness), prefabricated, includes fitting and adjustment
Description changed

L1630 Hip orthosis, abduction control of hip joints, semi-flexible (von rosen type), custom-fabricated
Description changed

L1640 Hip orthosis, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom-fabricated
Description changed

L1650 Hip orthosis, abduction control of hip joints, static, adjustable, (ilfled type), prefabricated, includes fitting and adjustment
Description changed

L1660 Hip orthosis, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment
Description changed

L1680 Hip orthosis, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (rancho hip action type), custom fabricated
Description changed

L1685 Hip orthosis, abduction control of hip joint, postoperative hip abduction type, custom fabricated
Description changed

L1686 Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment
Description changed

L1690 Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment
Description changed

L1700 Legg perthes orthosis, (toronto type), custom-fabricated
Description changed

L1710 Legg perthes orthosis, (newington type), custom fabricated
Description changed

L1720 Legg perthes orthosis, trilateral, (tachdijan type), custom-fabricated
Description changed

L1730 Legg perthes orthosis, (scottish rite type), custom-fabricated
Description changed

L1750 Legg perthes orthosis, legg perthes sling (sam brown type), prefabricated, includes fitting and adjustment
Description changed

L1755 Legg perthes orthosis, (patten bottom type), custom-fabricated
Description changed

L1800 Knee orthosis, elastic with stays, prefabricated, includes fitting and adjustment
Description changed

L1810 Knee orthosis, elastic with joints, prefabricated, includes fitting and adjustment
Description changed

L1815 Knee orthosis, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment
Description changed

L1820 Knee orthosis, elastic with condylar pads and joints, prefabricated, includes fitting and adjustment
Description changed

L1825 Knee orthosis, elastic knee cap, prefabricated, includes fitting and adjustment
Description changed

L1830 Knee orthosis, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment
Description changed

L1832 Knee orthosis, adjustable knee joints, positional orthosis, rigid support, prefabricated, includes fitting and adjustment
Description changed

L1834 Knee orthosis, without knee joint, rigid, custom-fabricated
Description changed

L1840 Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated
Description changed

L1843 Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment
Description changed

L1844 Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated
Description changed

L1845 Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment
Description changed

L1846 Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated
Description changed

L1847 Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment
Description changed

L1850 Knee orthosis, swedish type, prefabricated, includes fitting and adjustment
Description changed

L1855 Knee orthosis, molded plastic, thigh and calf sections, with double upright knee joints, custom-fabricated
Description changed

L1858 Knee orthosis, molded plastic, polycentric knee joints, pneumatic knee pads (cti), custom-fabricated
Description changed

L1860 Knee orthosis, modification of supracondylar prosthetic socket, custom-fabricated (sk)
Description changed

L1870 Knee orthosis, double upright, thigh and calf lacers with knee joints, custom-fabricated
Description changed

L1880 Knee orthosis, double upright, non-molded thigh and calf cuffs/lacers with knee joints, custom-fabricated
Description changed

L1885 Knee orthosis, single or double upright, thigh and calf, with functional active resistance control, prefabricated, includes fitting and adjustment
Description changed

L1900 Ankle foot orthosis, spring wire, dorsiflexion assist calf band, custom-fabricated
Description changed

L1902 Ankle foot orthosis, ankle gauntlet, prefabricated, includes fitting and adjustment
Description changed

L1904 Ankle foot orthosis, molded ankle gauntlet, custom-fabricated
Description changed

L1906 Ankle foot orthosis, multiligamentus ankle support, prefabricated, includes fitting and adjustment
Description changed

L1910 Ankle foot orthosis, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment
Description changed

L1920 Ankle foot orthosis, single upright with static or adjustable stop (phelps or perlstein type), custom-fabricated
Description changed

L1930 Ankle foot orthosis, plastic, prefabricated, includes fitting and adjustment
Description changed

L1940 Ankle foot orthosis, plastic, custom-fabricated
Description changed

L1945 Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom-fabricated
Description changed

L1950 Ankle foot orthosis, spiral, (irm type), plastic, custom-fabricated
Description changed

L1960 Ankle foot orthosis, posterior solid ankle, plastic, custom-fabricated
Description changed

L1970 Ankle foot orthosis, plastic with ankle joint, custom-fabricated
Description changed

L1980 Ankle foot orthosis, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar lbkl orthosis), custom-fabricated
Description changed

L1990 Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar lbkl orthosis), custom-fabricated
Description changed

L2000 Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar lakl orthosis), custom-fabricated
Description changed

L2010 Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar lakl orthosis), without knee joint, custom-fabricated
Description changed

L2020 Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar lakl orthosis), custom-fabricated
Description changed

L2030 Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar lakl orthosis), without knee joint, custom fabricated
Description changed

L2035 Knee ankle foot orthosis, full plastic, static (pediatric size), prefabricated, includes fitting and adjustment
Description changed

L2036 Knee ankle foot orthosis, full plastic, double upright, free knee, custom-fabricated
Description changed

L2037 Knee ankle foot orthosis, full plastic, single upright, free knee, custom-fabricated
Description changed

L2038 Knee ankle foot orthosis, full plastic, with knee joint, multi-axis ankle, (lively orthosis or equal), custom-fabricated
Description changed

L2039 Knee ankle foot orthosis, full plastic, single upright, poly-axial hinge, medial lateral rotation control, custom-fabricated
Description changed

L2040 Hip knee ankle foot orthosis, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated
Description changed

L2050 Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom-fabricated
Description changed

L2060 Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom-fabricated
Description changed

L2070 Hip knee ankle foot orthosis, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated
Description changed

L2080 Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom-fabricated
Description changed

L2090 Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom-fabricated
Description changed

L2102 Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, plaster type casting material, custom-fabricated
Description changed

L2104 Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, synthetic type casting material, custom-fabricated
Description changed

L2106 Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom-fabricated
Description changed

L2108 Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom-fabricated
Description changed

L2112 Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment
Description changed

L2114 Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment
Description changed

L2116 Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment
Description changed

L2122 Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, plaster type casting material, custom-fabricated
Description changed

L2124 Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, synthetic type casting material, custom-fabricated
Description changed

L2126 Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom-fabricated
Description changed

L2128 Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, custom-fabricated
Description changed

L2132 Kafo, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment
Description changed

L2134 Kafo, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment
Description changed

L2136 Kafo, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment
Description changed

L3650 Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment
Description changed

L3660 Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment
Description changed

L3670 Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment
Description changed

L3675 Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, includes fitting and adjustment
Description changed

L3700 Elbow orthosis, elastic with stays, prefabricated, includes fitting and adjustment
Description changed

L3710 Elbow orthosis, elastic with metal joints, prefabricated, includes fitting and adjustment
Description changed

L3720 Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom-fabricated
Description changed

L3730 Elbow orthosis, double upright with forearm/arm cuffs, extension/ flexion assist, custom-fabricated
Description changed

L3740 Elbow orthosis, double upright with forearm/arm cuffs, adjustable position lock with active control, custom-fabricated
Description changed

L3760 Elbow orthosis, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type
Code added

L3800 Wrist hand finger orthosis, short opponens, no attachments, custom-fabricated
Description changed

L3805 Wrist hand finger orthosis, long opponens, no attachment, custom-fabricated
Description changed

L3807 Wrist hand finger orthosis, without joint(s), prefabricated, includes fitting and adjustments, any type
Description changed

L3900 Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom-fabricated
Description changed

L3901 Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom-fabricated
Description changed

L3902 Wrist hand finger orthosis, external powered, compressed gas, custom-fabricated
Description changed

L3904 Wrist hand finger orthosis, external powered, electric, custom-fabricated
Description changed

L3906 Wrist hand orthosis, wrist gauntlet, custom-fabricated
Description changed

L3907 Wrist hand finger orthosis, wrist gauntlet with thumb spica, custom-fabricated
Description changed

L3908 Wrst hand orthosis, wrist extension control cock-up, non molded, prefabricated, includes fitting and adjustment
Description changed

L3910 Wrist hand finger orthosis, swanson design, prefabricated, includes fitting and adjustment
Description changed

L3912 Hand finger orthosis, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment
Description changed

L3914 Wrist hand orthosis, wrist extension cock-up, prefabricated, includes fitting/adjustment
Description changed

L3916 Wrist hand finger orthosis, wrist extension cock-up with outrigger, prefabricated, includes fitting and adjustment
Description changed

L3918 Hand finger orthosis, knuckle bender, prefabricated, includes fitting and adjustment
Description changed

L3920 Hand finger orthosis, knuckle bender with outrigger, prefabricated, includes fitting and adjustment
Description changed

L3922 Hand finger orthosis, knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustment
Description changed

L3923 Hand finger orthosis, without joint(s), prefabricated, includes fitting and adjustments, any type
Code added

L3924 Wrist hand finger orthosis, oppenheimer, prefabricated, includes fitting and adjustable
Description changed

L3926 Wrist hand finger orthosis, thomas suspension, prefabricated, includes fitting and adjustment
Description changed

L3928 Hand finger orthosis, finger extension, with clock spring, prefabricated, includes fitting and adjustment
Description changed

L3930 Wrist hand finger orthosis, finger extension, with wrist support, prefabricated, includes fitting and adjustment
Description changed

L3932 Finger orthosis, safety pin, spring wire, prefabricated, includes fitting and adjustment
Description changed

L3934 Finger orthosis, safety pin, modified, prefabricated, includes fitting and adjustment
Description changed

L3936 Wrist hand finger orthosis, palmer, prefabricated, includes fitting and adjustment
Description changed

L3938 Wrist hand finger orthosis, dorsal wrist, prefabricated, includes fitting and adjustment
Description changed

L3940 Wrist hand finger orthosis, dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment
Description changed

L3942 Hand finger orthosis, reverse knuckle bender, prefabricated, includes fitting and adjustment
Description changed

L3944 Hand finger orthosis, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment
Description changed

L3946 Hand finger orthosis, composite elastic, prefabricated, includes fitting and adjustment
Description changed

L3948 Finger orthosis, finger knuckle bender, prefabricated, includes fitting and adjustment
Description changed

L3950 Wrist hand finger orthosis, combination oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment
Description changed

L3952 Wrist hand finger orthosis, combination oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment
Description changed

L3954 Hand finger orthosis, spreading hand, prefabricated, includes fitting and adjustment
Description changed

L3960 Shoulder elbow wrist hand orthosis, abduction positioning, airplane design, prefabricated, includes fitting and adjustment
Description changed

L3962 Shoulder elbow wrist hand orthosis, abduction positioning, erbs palsey design, prefabricated, includes fitting and adjustment
Description changed

L3963 Shoulder elbow wrist hand orthosis, molded shoulder, arm, forearm and wrist, with articulating elbow joint, custom-fabricated
Description changed

L3964 Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment
Description changed

L3965 Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, adjustable rancho type, prefabricated, includes fitting and adjustment
Description changed

L3966 Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment
Description changed

L3968 Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment
Description changed

L3969 Shoulder elbow orthosis, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support, prefabricated, includes fitting and adjustment
Description changed

L3980 Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment
Description changed

L3982 Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment
Description changed

L3984 Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment
Description changed

L3985 Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom-fabricated
Description changed

L3986 Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist, (example--colles| fracture), custom fabricated
Description changed

L4350 Pneumatic ankle control splint (eg, Aircast), prefabricated, includes fitting and adjustment
Description changed

L4360 Pneumatic walking splint (eg, Aircast), prefabricated, includes fitting and adjustment
Description changed

L4370 Pneumatic full leg splint (eg, Aircast), prefabricated, includes fitting and adjustment
Description changed

L4380 Pneumatic knee splint (eg, Aircast), prefabricated, includes fitting and adjustment
Description changed

L4392 Replacement, soft interface material, static afo
Description changed

L4396 Static ankle foot orthosis, including soft interface material, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment
Description changed

L4398 Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment
Description changed

L5674 Addition to lower extremity, below knee, suspension sleeve, any material, each
Description changed

L5675 Addition to lower extremity, below knee, suspension sleeve, heavy duty, any material, each
Description changed

L5979 All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system
Description changed

L8040 Nasal prosthesis, provided by a non-physician
Code added

L8041 Midfacial prosthesis, provided by a non-physician
Code added

L8042 Orbital prosthesis, provided by a non-physician
Code added

L8043 Upper facial prosthesis, provided by a non-physician
Code added

L8044 Hemi-facial prosthesis, provided by a non-physician
Code added

L8045 Auricular prosthesis, provided by a non-physician
Code added

L8046 Partial facial prosthesis, provided by a non-physician
Code added

L8047 Nasal septal prosthesis, provided by a non-physician
Code added

L8048 Unspecified maxillofacial prosthesis, by report, provided by a non-physician
Code added

L8049 Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician
Code added

L8603 Injectable bulking agent, collagen implant, urinary tract, 25 ml syringe, includes shipping and necessary supplies
Description changed

L8606 Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies
Code added

P9013 Fibrinogen unit
Code deleted

P9016 Red blood cells, leukocytes reduced, each unit
Description changed

P9017 Fresh frozen plasma (single donor), each unit
Description changed

P9018 Plasma protein fraction, each unit
Code deleted

P9019 Platelets, each unit
Description changed

P9022 Red blood cells, washed, each unit
Description changed

P9031 Platelets, leukocytes reduced, each unit
Code added

P9032 Platelets, irradiated, each unit
Code added

P9033 Platelets, leukocytes reduced, irradiated, each unit
Code added

P9034 Platelets, pheresis, each unit
Code added

P9035 Platelets, pheresis, leukocytes reduced, each unit
Code added

P9036 Platelets, pheresis, irradiated, each unit
Code added

P9037 Platelets, pheresis, leukocytes reduced, irradiated, each unit
Code added

P9038 Red blood cells, irradiated, each unit
Code added

P9039 Red blood cells, deglycerolized, each unit
Code added

P9040 Red blood cells, leukocytes reduced, irradiated, each unit
Code added

P9041 Infusion, albumin (human), 5%, 50 ml
Code added

P9042 Infusion, albumin (human), 25%, 10 ml
Code added

P9043 Infusion, plasma protein fraction (human), 5%, 50 ml
Code added

P9044 Plasma, cryoprecipitate reduced, each unit
Code added

Q0034 Administration of influenza vaccine to medicare beneficiaries by participating demonstration sites
Code deleted

Q0082 Activity therapy furnished in connection with partial hospitalization (eg music, dance, art or play therapies that are not primarily recreational), per visit
Code deleted

Q0156 Infusion, albumin (human), 5%, 500 ml
Code deleted

Q0157 Infusion, albumin (human), 25%, 50 ml
Code deleted

Q0186 Paramedic intercept, rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers
Code deleted; use A0432

Q0188 Supply of injectable contrast material for use in echocardiography, per study
Code deleted; use A9700

Q2001 Oral, cabergoline, 0.5 mg
Code added

Q2002 Injection, elliots b solution, per ml
Code added

Q2003 Injection, aprotinin, 10,000 KIU
Code added

Q2004 Irrigation solution for treatment of bladder calculi, for example Renacid
Code added

Q2005 Injection, corticorelin ovine triflutate, per dose
Code added

Q2006 Injection, digoxin immune fab (ovine), per vial
Code added

Q2007 Injection, ethanolamine oleate, 100 mg
Code added

Q2008 Injection, fomepizole, 1.5 mg
Code added

Q2009 Injection, fosphenytoin, 50 mg
Code added

Q2010 Injection, glatiramer acetate, per dose
Code added

Q2011 Injection, hemin, per 1 mg
Code added

Q2012 Injection, pegademase bovine, 25 IU
Code added

Q2013 Injection, petastarch 10 % solution, per 100 ml
Code added

Q2014 Injection, sermorelin acetate, 0.5 mg
Code added

Q2015 Injection, somatrem, 5 mg
Code added

Q2016 Injection, somatropin, 1 mg
Code added

Q2017 Injection, teniposide, 50 mg
Code added

Q2018 Injection, urofollitropin, 75 IU
Code added

Q2019 Injection, basiliximab, 20 mg
Code added

Q2020 Injection, histrelin acetate, 10 mg
Code added

Q2021 Injection, lepirudin, 50 mg
Code added

Q2022 Von Willebrand factor complex, human, per IU
Code added

Q3001 Radioelements for brachytherapy, any type, each
Code added

Q3002 Supply of radiopharmaceutical diagnostic imaging agent; gallium Ga 67, per ....
Code added

Q3003 Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc99M....
Code added

Q3004 Supply of radiopharmaceutical diagnostic imaging agent, xenon Xe 133, per ....
Code added

Q3005 Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc99M...
Code added

Q3006 Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc99M...
Code added

Q3007 Supply of radiopharmaceutical diagnostic imaging agent, sodium phosphate....
Code added

Q3008 Supply of radiopharmaceutical diagnostic imaging agent, indium 111-In....
Code added

Q3009 Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc99M....
Code added

Q3010 Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc99M....
Code added

Q3011 Supply of radiopharmaceutical diagnostic imaging agent, chromic phosphate...
Code added

Q3012 Supply of oral radiopharmaceutical diagnostic imaging agent, cyanocobalam....
Code added

S0010 Injection, somatrem, 5 mg
Code deleted; use Q2015

S0011 Injection, somatropin, 5 mg
Code deleted; use Q2016

S0085 Injection, gatifloxacin, 200 mg
Code added

S0086 Injection, verteporfin, 15 mg
Code added

S0097 Injection, ibutilide fumarate, 1 mg
Code deleted; use J1742

S0098 Injection, sodium ferric gluconate complex in sucrose, 625 mg
Code deleted

S0156 Exemestane, 25 mg
Code added

S0157 Becaplermin gel 001%, 05 Gm
Code added

S0220 Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes
Code added

S0221 Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 60 minutes
Code added

S0630 Removal of sutures; by a physician other than the physician who originally closed the wound
Code added

S0820 Computerized corneal topography, unilateral
Code added

S0830 Ultrasound pachymetry to determine corneal thickness, with interpretation and report, unilateral
Code added

S1015 IV tubing extension set
Code added

S1016 Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC eg, Paclitaxel
Code added

S2050 Donor enterectomy, with preparation and maintenance of allograft; from cadaver donor
Code deleted; use 44132

S2060 Lobar lung transplantation
Code added

S2061 Donor lobectomy (lung) for transplantation, living donor
Code added

DRUG TABLE
INDEX

S2102 Islet cell tissue transplant from pancreas
Code added

S2103 Adrenal tissue transplant to brain
Code added

S2109 Autologous chondrocyte transplantation (preparation of autologous cultured chondrocytes)
Code deleted; use J7330

S2120 Low density lipoprotein (ldl) apheresis using heparin-induced extracorporeal ldl precipitation
Code added

S2140 Cord blood harvesting for transplantation, allogeneic
Code added

S2142 Cord blood-derived stem-cell transplantation, allogeneic
Code added

S2180 Donor leukocyte infusion (eg, Dli, donor lymphocyte infusion, donor buffy coat cell transfusion, donor peripheral blood monocyte transfusion)
Code added

S2190 Subcutaneous implantation of medication pellet(s)
Code deleted; use 11980

S2202 Echosclerotherapy
Code added

S2204 Transmyocardial laser revascularization
Code deleted; use 33140

S2220 Thrombectomy, coronary; by mechanical means (eg, Using rheolytic catheter)
Code added

S2340 Chemodenervation of abductor muscle(s) of vocal cord
Code added

S2370 Intradiscal electrothermal therapy, single interspace
Code added

S2371 Each additional interspace (list separately in addition to Code for primary procedure)
Code added

S3620 Newborn metabolic screening panel, includes test kit, postage and the following tests: hemoglobin, electrophoresis; hydroxyprogesterone; 17-d; phenalanine (pku); and thyroxine, total
Code added

S3700 Bladder tumor-associated antigen test
Code added

S3708 Gastrointestinal fat absorption study
Code added

S3902 Ballistocardiogram
Code added

S3904 Masters two step
Code added

S3906 Transfusion, direct, blood or blood components
Code added

S5000 Prescription drug, generic
Code added

S5001 Prescription drug, brand name
Code added

S5002 Fat emulsion 10% in 250 ml, with administration set
Code added

S5003 Fat emulsion 20% in 250 ml, with administration set
Code added

S5010 5% Dextrose and 45% normal saline, 1000 ml
Code added

S5011 5% Dextrose in lactated ringerls, 1000 ml
Code added

S5012 5% Dextrose with potassium chloride, 1000 ml
Code added

S5013 5% Dextrose/45% normal saline with potassium chloride and magnesium sulfate, 1000 ml
Code added

DRUG TABLE
INDEX

S5014 5% Dextrose/45% normal saline with potassium chloride and magnesium sulfate, 1500 ml
Code added

S5016 Antibiotic administration supplies (with pump), per diem
Code added

S5017 Antibiotic administration supplies (without pump), per diem
Code added

S5018 Pain therapy administration supplies (pca or continuous), per diem
Code added

S5019 Chemotherapy administration supplies (with pump), per diem
Code added

S5020 Chemotherapy administration supplies (without pump), per diem
Code added

S5021 Hydration therapy administration supplies, per diem
Code added

S5022 Growth hormone therapy (eg, Protropin, humatrope)
Code added

S5025 Infusion pump rental, per diem
Code added

S5503 Maintenance of implanted vascular access device, including supplies; per diem
Code added

S8001 Radiofrequency stimulation of the thalamus for tremor accomplished by stereotactic method, including burr holes, localizing and recording techniques and placement of the electrode(s)
Code added

S8048 Isolated limb perfusion
Code deleted; use 36823

S8060 Supply of contrast material for use in echocardiography (use in addition to echocardiography code)
Code deleted; use A9700

S8080 Scintimammography (radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical
Code added

S8085 Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (non-dedicated pet scan)
Code added

S8105 Oximeter for measuring blood oxygen levels noninvasively
Code added

S8210 Mucus trap
Code added

S8300 Sacral nerve stimulation test lead kit
Code deleted

S8400 Incontinence pants, each
Code added

S8402 Diapers, each
Code added

S8405 Incontinence liners, each
Code added

S8999 Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)
Code added

S9007 Ultrafiltration monitor
Code added

S9015 Automated EEG monitoring
Code added

S9025 Omnicardiogram/cardiointegram
Code added

S9033 Gait analysis
Code deleted; use 95979, 95986

S9035 Medical equipment or supplies distributed by home care provider without professional nursing intervention, per diem
Code added

DRUG TABLE
INDEX

S9061 Medical supplies and equipment rental distributed by the home care provider; aerosolized drug therapy; per diem
Code added

S9088 Services provided in an urgent care center
Code added

S9200 Nursing services and all necessary supplies (including pca pump rental) for home administration of patient controlled analgesia (pca) per diem (drugs not included)
Code added

S9210 Nursing services and all necessary equipment and supplies for continuous, uninterrupted infusion of epoprostenol (includes venous access device, infusion pump, back up pump, ice packs for cassettes, batteries, all related supplies, and all nursing services including follow-up visits, telephone monitoring, 24 hour/7 day a week availability, and all education to patient and care givers); per diem
Code added

S9220 Nursing services and all necessary equipment and supplies for home administration of controlled rate intravenous infusion (eg, Dobutamine) requiring prolonged attendance by the nurse, per diem (drugs not included)
Code added

S9225 Nursing services and all necessary equipment and supplies for home administration of intravenous tocolytic therapy, per diem
Code added

S9230 Nursing services and all necessary equipment and supplies for home administration of heparin, per diem
Code added

S9300 Nursing services and all necessary supplies for home enteral feeding by gravity, per diem (enteral formula not included)
Code added

S9308 Nursing services and all necessary supplies for home enteral feeding by pump, including pump rental, per diem (enteral formula not included)
Code added

S9310 Nursing services and all necessary supplies for home parenteral nutrition without lipids, including pump rental, per diem (parenteral solutions not included)
Code added

S9395 Nursing services and all necessary supplies and additives for home IV hydration (via gravity or pump), per diem (hydration solution and drugs not included)
Code added

S9420 Nursing services and all necessary supplies for interim home maintenance of implanted vascular access port/catheter/reservoir, per diem (for interim maintenance of vascular access not currently in use)
Code added

S9423 Nursing services, patient assessment and education, follow-up visits, electronic programmer and equipment (use of computer), programming of the pump, all necessary supplies, products or services for intrathecal drug infusion, per diem
Code added

S9425 Nursing services and all necessary supplies and additives for home IV chemotherapy (via IV push, gravity drip, stationary pump, ambulatory belt pump), per diem (hydration solution and drugs not included)
Code added

S9435 Medical foods for inborn errors of metabolism
Code added

S9526 Skilled nursing visits for blood product administration, including pump and all related supplies; per service
Code added

S9533 Pain management, intravenous, epidural or subcutaneous, including solution, equipment rental, nursing care, and supplies; per diem (drugs not included)
Code added

S9535 Administration of hematopoietic hormones (eg. Erythropoietin, g-csf, gm-csf) or platelets, intravenously, in the home setting, including all nursing care, equipment, and supplies; per diem
Code added

S9539 Administration of antibiotics, intravenously, in the home setting, including all nursing care, equipment, and supplies; per diem
Code added

S9545 Administration of immune globulin, intravenously, in the home setting, including all nursing care, equipment, and supplies; per diem
Code added

S9550 Home IV therapy, hydration fluids and electrolytes, including all nursing care, equipment, and supplies; per diem
Code added

S9555 Additional home infusion therapy, including all nursing care, equipment, and supplies; each therapy, per diem (S9555 should be used in addition to the code for the primary therapy)
Code added

V2790 Amniotic membrane for surgical reconstruction, per procedure
Code added

APPENDIX C

HCPCS TABLE OF DRUGS

Directions for the Use of the Table:

1. All drugs are listed in strict alphabetical order by generic drug name.

2. HCPCS code numbers for drugs are listed only under the generic drug name. Users should first look for entries under generic names of drugs. When a drug is known only by brand name, look for the brand name and you will be directed to the generic name of the drug (see "generic name").

3. Cancer chemotherapy drugs are preceded by an asterisk (*).

4. In all cases except those preceded by a pound sign (#), the amount stated includes the amount as well as any amount "up to" that which is stated in the column. When a pound sign appears, it designated that the amount of the drug is only the amount listed.

5. A hyphen (—) appearing in a column signifies that no information is given for that particular variable for the drug listed.

6. Information which is indented and appears beneath the first line for a drug is to be considered a continuation of the line preceding it. All drug entries should be checked for indented lines beneath it as a continuation of that entry.

7. When one drug has more than one entry as a result of different routes of administration or different amounts, the drug name is not repeated. All entries for the same drug are listed beneath that drug.

8. The following abbreviations are used in the "routes of administration" column:

   amp = ampule

   DME = durable medical equipment

   EPI = epidural

   g = gram

IA = intra-arterial administration

IM = intramuscular administration

INF = infusion

INH = administration by inhaled solution

INJ = injection

IO = intraocular

IT = intrathecal

IU = international unit

IV = intravenous administration

mcg = microgram

mg = milligram

ml = milliliter

ORAL= administered orally

OTH = other routes of administration

PAR = parenteral

SC = subcutaneous administration

TABS = tablets

U = units

VAR = various routes of administration

A

Abbokinase (see Urokinase)			
Abbokinase, Open Cath (see Urokinase)			
Abciximab	10 mg	IV	J0130
Abelcet (see Amphotericin B Lipid Complex)			
ABLC (see Amphotericin B)			
Acetazolamide sodium	up to 500 mg	IM/IV	J1120
Acetylcysteine, unit dose form	per gram	INH	J7608
Achromycin (see Tetracycline)			
ACTH (see Corticotropin)			
Acthar (see Corticotropin)			
Actimmune (see Interferon gamma 1-B)			
Activase (see Alteplase recombinant)			
Adenocard (see Adenosine)			
Adenoscan (see Adenosine)			
Adenosine	6 mg	IV	J0150
	90 mg	IV	J0151
Adrenalin Chloride (see Adrenalin, epinephrine)			
Adrenalin, epinephrine	up to 1 ml amp	SC/IM	J0170
Adriamycin PFS or RDF (see Doxorubicin HCl)			
Adrucil (see Fluorouracil)			
Aggrastat (see Tirofiban HCl)			

A-hydroCort (see Hydrocortisone sodium phosphate)			
Akineton (see Biperiden)			
Alatrofloxacin mesylate, injection	100 mg	IV	J0200
Albuterol, concentrated form	per mg	INH	J7618
Albuterol, unit dose form	per mg	INH	J7619
Aldesleukin	per single use vial	IM/IV	J9015
Aldomet (see Methyldopate HCl)			
Alferon N (see Interferon alfa-n3)			
Alglucerase	per 10 U	IV	J0205
Alkaban-AQ (see Vinblastine sulfate)			
Alkeran (see Melphalan, oral)			
Alpha 1 - proteinase inhibitor, human	10 mg	IV	J0256
Alprostadil, injection	1.25 mcg	OTH/ injection	J0270
Alprostadil, urethral suppository	—	OTH	J0275
Alteplase recombinant	1 mg	IV	J2997
Alupent (see Metaproterenol sulfate or Metaproterenol, compounded)			
Amcort (see Triamcinolone diacetate)			
A-methaPred (see Methylprednisolone sodium succinate)			
Amgen (see Interferon alphacon-1)			

Amifostine	500 mg	IV	J0207
Aminophylline/Aminophylli	up to 250 mg	IV	J0280
Amiodarone HCl	30 mg	IV	J0282
Amitriptyline HCl	up to 20 mg	IM	J1320
Amobarbital	up to 125 mg	IM/IV	J0300
Amphocin (see Amphotericin B)			
Amphotericin B	50 mg	IV	J0285
Amphotericin B, lipid complex	50 mg	IV	J0286
Ampicillin sodium	500 mg	IM/IV	J0290
Ampicillin sodium/ sulbactam sodium	per 1.5 g	IM/IV	J0295
Amygdalin (see Laetrile, Amygdalin, vitamin B-17)			
Amytal (see Amobarbital)			
Anabolin LA 100 (see Nandrolone decanoate)			
Ancef (see Cefazolin sodium)			
Andrest 90-4 (see Testosterone enanthate and estradiol valerate)			
Andro-Cyp (see Testosterone cypionate)			
Andro-Cyp 200 (see Testosterone cypionate)			
Andro LA 200 (see Testosterone enanthate)			
Andro-Estro 90-4 (see Testosterone enanthate and estradiol valerate)			
Andro/Fem (see Testosterone cypionate and estradiol cypionate)			

Androgyn LA (see Testosterone enanthate and estradiol valerate)			
Androlone-50 (see Nandrolone phenpropionate)			
Androlone-D 100 (see Nandrolone decanoate)			
Andronaq-50 (see Testosterone suspension)			
Andronaq-LA (see Testosterone cypionate)			
Andronate -100 or -200 (see Testosterone cypionate)			
Andropository 100 (see Testosterone enanthate)			
Andryl 200 (see Testosterone enanthate)			
Anectine (see Succinylcholine chloride)			
Anergan 25 or 50 (see Promethazine HCl)			
Anistreplase	per 30 U	IV	J0350
Anti-inhibitor	per IU	IV	J7198
Antispas (see Dicyclomine HCl)			
Antithrombin III (human)	per IU	IV	J7197
Anzemet (see Dolasetron mesylate injection)			
A.P.L. (see Chorionic gonadotropin)			
Apresoline (see Hydralazine HCl)			
Aprotinin	10,000 KIU	—	Q2003
AquaMEPHYTON (see Vitamin K)			

Aralen (see Chloroquine HCl)			
Aramine (see Metaraminol)			
Arbutamine HCl	1 mg	IV	J0395
Aredia (see Pamidronate disodium)			
Arfonad (see Trimethaphan camsylate)			
Aristocort Forte or Intralesional (see Triamcinolone diacetate)			
Aristospan Intra-Articular or Intralesional (see Triamcinolone hexacetonide)			
Arrestin (see Trimethobenzamide HCl)			
Asparaginase	10,000 U	IV/IM	J9020
Astramorph PF (see Morphine sulfate)			
Atgam (see Lymphocyte immune globulin)			
Ativan (see Lorazepam)			
Atropine, concentrated form	per mg	INH	J7635
Atropine, unit dose form	per mg	INH	J7636
Atropine sulfate	up to 0.3 mg	IV/IM/SC	J0460
Atrovent (see Ipratropium bromide)			
Aurothioglucose	up to 50 mg	IM	J2910
Autologous cultured chondrocytes, implant	—	—	J7330
Autoplex T (see Hemophilia clotting factors)			
Avonex (see Interferon beta-1a)			

Azathioprine	50 mg	ORAL	J7500
Azathioprine, parenteral	100 mg	IV	J7501
Azithromycin dihydrate	1 gram	ORAL	Q0144
Azithromycin, injection	500 mg	IV	J0456

B

Baclofen	10 mg	IT	J0475
Baclofen for intrathecal trial	50 mcg	OTH	J0476
Bactocill (see Oxacillin sodium)			
BAL in oil (see Dimercaprol)			
Banflex (see Orphenadrine citrate)			
Basiliximab	20 mg	—	Q2019
BCG (Bacillus Calmette & Guerin) live	per instillation	IV	J9031
Bena-D 10 or 50 (see Diphenhydramine HCl)			
Benadryl (see Diphenhydramine HCl)			
Benahist 10 or 50 (see Diphenhydramine HCl)			
Ben-Allergin-50 (see Diphenhydramine HCl)			
Benefix (see Factor IX, recombinant)			
Benoject-10 or -50 (see Diphenhydramine HCl)			
Bentyl (see Dicyclomine)			
Benzquinamide HCl	up to 50 mg	IM/IV	J0510
Benztropine mesylate	per 1 mg	IM/IV	J0515

Berubigen (see Vitamin B-12 cyanocobalamin)			
Betalin 12 (see Vitamin B-12 cyanocobalamin)			
Betameth (see Betamethasone sodium phosphate)			
Betamethasone acetate & Betamethasone sodium phosphate	per 3 mg	IM	J0702
Betamethasone sodium phosphate	per 4 mg	IM/IV	J0704
Betaseron (see Interferon beta-1b)			
Bethanechol chloride	up to 5 mg	SC	J0520
Bicillin C-R, and Bicillin C-R 900/300 (Penicillin G procaine & Penicillin G benzathine)			
Bicillin L-A (see Penicillin G benzathine)			
BiCNU (see Carmustine)			
Biperiden lactate	per 5 mg	IM/IV	J0190
Bitolterol mesylate, concentrated form	per mg	INH	J7628
Bitolterol mesylate, unit dose form	per mg	INH	J7629
Blenoxane (see Bleomycin sulfate)			
Bleomycin sulfate	15 U	IM/IV/SC	J9040
Botulinum toxin type A	per unit	IM	J0585
Brethine (see Terbutaline sulfate or Terbutaline, compounded)			
Bricanyl subcutaneous (see Terbutaline sulfate)			
Brompheniramine maleate	per 10 mg	IM/SC/IV	J0945

Bronkephrine (see Ethylnorepinephrine HCl)			
Bronkosol (see Isoetharine HCl)			
Busulfan	2 mg	ORAL	J8510

C

Cabergoline	0.5 mg	ORAL	Q2001
Caine-1 or -2 (see Lidocaine HCl)			
Calcijex (see Calcitriol)			
Calcimar (see Calcitonin salmon)			
Calcitonin salmon	up to 400 U	SC/IM	J0630
Calcitriol	1 mcg amp	IM	J0635
Calcium disodium versenate (see Edetate calcium disodium)			
Calcium gluconate	per 10 ml	IV	J0610
Calcium glycerophosphate and calcium lactate	per 10 ml	IM/SC	J0620
Calphosan (see Calcium glycerophosphate and calcium lactate)			
Camptosar (see Irinotecan)			
Capecitabine	150 mg	ORAL	J8520
	500 mg	ORAL	J8521
Carbocaine (see Mepivacaine)			
Carbocaine with Neo-Cobefrin (see Mepivacaine)			
Carboplatin	50 mg	IV	J9045

Carticel (see Autologous cultured chondrocytes)			
Carmustine	100 mg	IV	J9050
Carnitor (see Levocarnitine)			
Cefadyl (see Cephapirin sodium)			
Cefazolin sodium	500 mg	IV/IM	J0690
Cefizox (see Ceftizoxime sodium)			
Cefonicid sodium	1 g	IV	J0695
Cefotaxime sodium	per gram	IV/IM	J0698
Cefoxitin sodiun	1 g	IV/IM	J0694
Ceftazidime	per 500 mg	IV/IM	J0713
Ceftizoxime sodium	per 500 mg	IV/IM	J0715
Ceftriaxone sodium	per 250 mg	IV/IM	J0696
Cefuroxime sodium, sterile	per 750 mg	IM/IV	J0697
Celestone phosphate (see Betamethasone sodium phosphate)			
Celestone soluspan (see Betamethasone acetate and betamethasone sodium phosphate)			
CellCept (see Mycophenolate mofetil)			
Cel-U-Jec (see Betamethasone sodium phosphate)			
Cenacort Forte (see Triamcinolone diacetate)			
Cenacort A-40 (see Triamcinolone acetonide)			
Cephalothin sodium	up to 1 g	IM/IV	J1890
Cephapirin sodium	up to 1 g	IV/IM	J0710
Ceredase (see Alglucerase)			

Cerezyme (see Imiglucerase)			
Cerubidine (see Daunorubicin HCl)			
Chealamide (see Endrate ethylenediamine-tetra-acetic acid)			
Chlor-100 (see Chlorpheniramine maleate)			
Chloramphenicol sodium succinate	up to 1 g	IV	J0720
Chlordiazepoxide HCl	up to 100 mg	IM/IV	J1990
Chloromycetin sodium succinate (see Chloramphenicol sodium succinate)			
Chlor-Pro or Chlor-Pro-10 (see Chlorpheniramine maleate)			
Chloroprocaine HCl	per 30 ml	VAR	J2400
Chloroquine HCl	up to 250 mg	IM	J0390
Chlorothiazide sodium	per 500 mg	IV	J1205
Chlorpheniramine maleate	per 10 mg	IV/IM/SC	J0730
Chlorpromazine HCl	up to 50 mg	IM/IV	J3230
Chlorpromazine HCl, oral	10 mg	ORAL	Q0171
	25 mg	ORAL	Q0172
Chlorprothixene	up to 50 mg	IM	J3080
Chlortrimeton (see Chlorpheniramine maleate)			
Chorex-5 or -10 (see Chorionic gonadotropin)			
Chorignon (see Chorionic gonadotropin)			
Chorionic gonadotropin	per 1,000 USP U	IM	J0725

Choron 10 (see Chorionic gonadotropin)			
Cidofovir	375 mg	IV	J0740
Cilastatin sodium/ imipenem	per 250 mg	IV/IM	J0743
Cisplatin, powder or soln.	per 10 mg	IV	J9060
Cisplatin	50 mg	IV	J9062
Cladribine	per 1 mg	IV	J9065
Claforan (see Cefotaxime sodium)			
Clonidine hydrochloride	1 mg	EPI	J0735
Cobex (see Vitamin B-12 cyanocobalamin)			
Codeine phosphate	per 30 mg	IM/IV/SC	J0745
Codimal-A (see Brompheniramine maleate)			
Cogentin (see Benztropine mesylate)			
Colchicine	per 1 mg	IV	J0760
Colistimethate sodium	up to 150 mg	IM/IV	J0770
Coly-Mycin M (see Colistimethate sodium)			
Compa-Z (see Prochlorperazine)			
Compazine (see Prochlorperazine)			
Cophene-B (see Brompheniramine maleate)			
Copper contraceptive, intrauterine	—	OTH	J7300
Cordarone (see Amiodarone HCl)			
Corgonject-5 (see Chorionic gonadotropin)			

Corticorelin ovine triflutate	per dose	—	Q2005
Corticotropin	up to 40 U	IV/IM/SC	J0800
Cortisone acetate (see Cortisone)			
Cortisone	up to 50 mg	IM	J0810
Cortrosyn (see Cosyntropin)			
Cosmegen (see Dactinomycin)			
Cosyntropin	per 0.25 mg	IM/IV	J0835
Cotranzine (see Prochlorperazine)			
Cromolyn sodium, unit dose form	per 10 mg	INH	J7631
Crysticillin 300 A.S. or 600 A.S. (see Penicillin G procaine)			
Cyclophosphamide	100 mg	IV	J9070
	200 mg	IV	J9080
	500 mg	IV	J9090
	1.0 g	IV	J9091
	2.0 g	IV	J9092
Cyclophosphamide, lyophilized	100 mg	IV	J9093
	200 mg	IV	J9094
	500 mg	IV	J9095
	1.0 g	IV	J9096
	2.0 g	IV	J9097
Cyclophosphamide, oral	25 mg	ORAL	J8530
Cyclosporine, oral	25 mg	ORAL	J7515
	100 mg	ORAL	J7502
Cyclosporine, parenteral	250 mg	IV	J7516
Cytarabine	100 mg	SC/IV	J9100
	500 mg	SC/IV	J9110

Cytomegalovirus immune globulin intravenous (human)	per vial	IV	J0850
Cytostar-U (see Cytarabine)			
Cytovene (see Ganciclovir sodium)			
Cytoxan (see Cyclophosphamide; cyclophosphamide, lyophilized; and cyclophosphamide, oral)			

D

D5W, infusion	1,000 cc	IV	J7070
Dacarbazine	100 mg	IV	J9130
	200 mg	IV	J9140
Daclizumab, parenteral	25 mg	IV	J7513
Dactinomycin	0.5 mg	IV	J9120
Dalalone (see Dexamethasone sodium phosphate)			
Dalalone-LA (see Dexamethasone acetate)			
Dalteparin sodium	per 2,500 IU	SC	J1645
Daunorubicin citrate, liposomal formulation	10 mg	IV	J9151
Daunorubicin	10 mg	IV	J9150
Daunoxome (see Daunorubicin citrate)			
DDAVP (see Desmopressin acetate)			
Decadron (see Dexamethasone sodium phosphate)			

Decadron-LA (see Dexamethasone acetate)			
Decadron Phosphate (see Dexamethasone sodium phosphate)			
Deca-Durabolin (see Nandrolone decanoate)			
Decaject (see Dexamethasone sodium phosphate)			
Decaject-LA (see Dexamethasone acetate)			
Decolone-50 or -100 (see Nandrolone decanoate)			
De-Comberol (see Testosterone cypionate and estradiol cypionate)			
Deferoxamine mesylate	500 mg	IM/SC/IV	J0895
Dehist (see Brompheniramine maleate)			
Deladumone or Deladumone OB (see Testosterone enanthate and estradiol valerate)			
Delatest (see Testosterone enanthate)			
Delatestadiol (see Testosterone enanthate and estradiol valerate)			
Delatestryl (see Testosterone enanthate)			
Delestrogen (see Estradiol valerate)			
Delta-Cortef (see Prednisolone, oral)			
Demadex (see Torsemide)			

Demerol HCl (see Meperidine HCl)			
Denileukin diftitox	300 mcg	—	J9160
DepAndro 100 or 200 (see Testosterone cypionate)			
DepAndrogyn (see Testosterone cypionate and estradiol cypionate)			
DepGynogen (see Depo-estradiol cypionate)			
DepMedalone 40 or 80 (see Methylprednisolone acetate)			
Depo-estradiol cypionate	up to 5 mg	IM	J1000
Depogen (see Depo-estradiol cypionate)			
Depoject (see Methylprednisolone acetate)			
Depo-Medrol (see Methylprednisolone acetate)			
Depopred 40 or 80 (see Methylprednisolone acetate)			
Depo-Provera (see Medroxyprogesterone acetate)			
Depotest (see Testosterone cypionate)			
Depo-Testadiol (see Testosterone cypionate and estradiol cypionate)			
Depotestogen (see Testosterone cypionate and estradiol cypionate)			

Depo-Testosterone (see Testosterone cypionate)			
Desferal Mesylate (see Deferoxamine mesylate)			
Desmopressin acetate	per 1 mcg	IV/SC	J2597
Dexacen-4 (see Dexamethasone sodium phosphate)			
Dexacen LA-8 (see Dexamethasone acetate)			
Dexamethasone, inhalation solution, concentrated form	per mg	INH	J7637
Dexamethasone, inhalation solution, unit dose form	per mg	INH	J7638
Dexamethasone acetate	per 8 mg	IM	J1095
Dexamethosone sodium phosphate	up to 4 mg/ml	IM/IV/OTH	J1100
Dexasone (see Dexamethasone sodium phosphate)			
Dexasone LA (see Dexamethasone acetate)			
Dexferrum (see Iron dextran)			
Dexone (see Dexamethasone sodium phosphate)			
Dexone LA (see Dexamethasone acetate)			
Dexrazoxane hydrochloride	per 250 mg	IV	J1190
Dextran 40, infusion	500 ml	IV	J7100
Dextran 75, infusion	500 ml	IV	J7110
Dextrose 5%/normal saline	500 ml = 1 unit	IV	J7042
Dextrose/water (5%)	500 ml = 1 unit	IV	J7060
D.H.E. 45 (see Dihydroergotamine)			

Diamox (see Acetazolamide sodium)			
Diazepam	up to 5 mg	IM/IV	J3360
Diazoxide	up to 300 mg	IV	J1730
Dibent (see Dicyclomine HCl)			
Dicylomine HCl	up to 20 mg	IM	J0500
Didronel (see Etidronate disodium)			
Diethylstilbestrol diphosphate	250 mg	IV	J9165
Diflucan (see Fluconazole)			
Digoxin	up to 0.5 mg	IM/IV	J1160
Digoxin immune fab (ovine)	per vial	—	Q2006
Dihydrex (see Diphenhydramine HCl)			
Dihydroergotamine mesylate	per 1 mg	IM/IV	J1110
Dilantin (see Phenytoin sodium)			
Dilaudid (see Hydromorphone HCl)			
Dilocaine (see Lidocaine HCl)			
Dilomine (see Dicyclomine HCl)			
Dilor (see Dyphylline)			
Dimenhydrinate	up to 50 mg	IM/IV	J1240
Dimercaprol	per 100 mg	IM	J0470
Dimethyl sulfoxide (see DMSO, Dimethyl-sulfoxide)			
Dinate (see Dimenhydrinate)			

Dioval or Dioval 40 or Dioval XX (see Estradiol valerate)			
Diphenacen-50 (see Diphenhydramine HCl)			
Diphenhydramine HCl, injection	up to 50 mg	IV/IM	J1200
Diphenhydramine HCl, oral	50 mg	ORAL	Q0163
Dipyridamole	per 10 mg	IV	J1245
Disotate (see Endrate ethylenediamine-tetra-acetic acid)			
Di-Spaz (see Dicyclomine HCl)			
Ditate-DS (see Testosterone enanthate and estradiol valerate)			
Diural sodium (see Chlorothiazide sodium)			
D-Med 80 (see Methylprednisolone acetate)			
DMSO, Dimethyl sulfoxide	50%, 50 ml	OTH	J1212
Dobutamine HCl	per 250 mg	IV	J1250
Dobutrex (see Dobutamine HCl)			
Docetaxel	20 mg	IV	J9170
Dolasetron mesylate, injection	10 mg	IV	J1260
Dolasetron mesylate, tablets	100 mg	ORAL	Q0180
Dolophine HCl (see Methadone HCl)			
Dommanate (see Dimenhydrinate)			
Dornase alpha, inhalation solution, unit dose form	per mg	INH	J7639

Doxil (see Doxorubicin HCl, lipid)			
Doxorubicin HCl	10 mg	IV	J9000
Doxorubicin HCl, all lipid formulations	10 mg	IV	J9001
Dramamine (see Dimenhydrinate)			
Dramanate (see Dimenhydrinate)			
Dramilin (see Dimenhydrinate)			
Dramocen (see Dimenhydrinate)			
Dramoject (see Dimenhydrinate)			
Dronabinol, oral	2.5 mg	ORAL	Q0167
	5 mg	ORAL	Q0168
Droperidol	up to 5 mg	IM/IV	J1790
Droperidol and fentanyl citrate	up to 2 ml amp	IM/IV	J1810
Drug(s) administered through metered dose inhaler	—	INH	J3535
DTIC-Dome (see Dacarbazine)			
Dua-Gen LA (see Testosterone enanthate and estradiol valerate cypionate)			
Duoval PA (see Testosterone enanthate amd estradiol valerate)			
Durabolin (see Nandrolone phenpropionate)			
Duraclon (see Clonidine HCl)			

Dura-Estrin (see Depo-estradiol cypionate)			
Duracillin A.S. (see Penicillin G procaine)			
Duragen-10, -20, or -40 (see Estradiol valerate)			
Duralone-40 or -80 (see Methylprednisolone acetate)			
Duralutin (see Hydroxyprogesterone caproate)			
Duramorph (see Morphine sulfate)			
Duratest-100 or -200 (see Testosterone cypionate)			
Duratestrin (see Testosterone cypionate and estradiol cypionate)			
Durathate 200 (see Testosterone enanthate)			
Dymenate (see Dimenhydrinate)			
Dyphylline	up to 500 mg	IM	J1180

E

Edetate calcium disodium	up to 1,000 mg	IV/SC/IM	J0600
Edetate disodium	per 150 mg	IV	J3520
Elavil (see Amitriptyline HCl)			
Ellence (see Epirubicin HCl)			
Elliots b solution	per ml	OTH	Q2002
Elspar (see Asparaginase)			

Emete-Con (see Benzquinamide)			
Eminase (see Anisteplase)			
Enbrel (see Etanercept)			
Endrate ethylenediamine-tetra-acetic acid (see Edetate disodium)			
Enovil (see Amitriptyline HCl)			
Enoxaparin sodium	10 mg	SC	J1650
Epinephrine, adrenalin	up to 1 ml amp	SC/IM	J0170
Epirubicin HCl	50 mg	—	J9180
Epoetin alpha, for non ESRD use	per 1,000 U	IV/SC	Q0136
Epoprostenol	0.5 mg	IV	J1325
Eptifibatide, injection	5 mg	IM/IV	J1327
Ergonovine maleate	up to 0.2 mg	IM/IV	J1330
Erythromycin gluceptate	per 250 mg	IV	J1362
Erythromycin lactobionate	500 mg	IV	J1364
Estra-D (see Depo-estradiol cypionate)			
Estra-L 20 or 40 (see Estradiol valerate)			
Estra-Testrin (see Testosterone enanthate and estradiol valerate)			
Estradiol cypionate (see Depo-estradiol cypionate)			
Estradiol LA, or Estradiol LA-20, or Estradiol LA-40 (see Estradiol valerate)			

Estradiol valerate	up to 10 mg	IM	J1380
	up to 20 mg	IM	J1390
	up to 40 mg	IM	J0970
Estro-Cyp (see Depo-estradiol cypionate)			
Estrogen, conjugated	per 25 mg	IV/IM	J1410
Estroject LA (see Depo-estradiol cypionate)			
Estrone	per 1 mg	IM	J1435
Estrone 5 (see Estrone)			
Estrone aqueous (see Estrone)			
Estronol (see Estrone)			
Estronol-LA (see Depo-estradiol cypionate)			
Etanercept, injection	25 ml	IM/IV	J1438
Ethanolamine	100 mg	—	Q2007
Ethylnorepinephrine HCl	1 ml	SC/IM	J0590
Ethyol (see Amifostine)			
Etidronate disodium	per 300 mg	IV	J1436
Etopophos (see Etoposide)			
Etoposide	10 mg	IV	J9181
	100 mg	IV	J9182
Etoposide, oral	50 mg	ORAL	J8560
Everone (see Testosterone enanthate)			

F

Factor VIIa (coagulation factor, recombinant)	per 1.2 mg	IV	Q0187

Factor VIII (anti-hemophilic factor, human)	per IU	IV	J7190
Factor VIII (anti-hemophilic factor, porcine)	per IU	IV	J7191
Factor VIII (anti-hemophilic factor, recombinant)	per IU	IV	J7192
Factor IX (anti-hemophilic factor, purified, non-recombinant)	per IU	IV	Q0160
Factor IX (anti-hemophilic factor, recombinant)	per IU	IV	Q0161
Factor IX, complex	per IU	IV	J7194
Factors, other hemophilia clotting, NOC	per IU	IV	J7199
Factrel (see Gonadorelin HCl)			
Feiba VH Immuno (see Factors, other hemophilia clotting)			
Fentanyl citrate	0.1 mg	IM/IV	J3010
Filgrastim (G-CSF)	300 mcg	SC/IV	J1440
	480 mcg	SC/IV	J1441
Flexoject (see Orphenadrine citrate)			
Flexon (see Orphenadrine citrate)			
Flolan (see Epoprostenol)			
Floxuridine	500 mg	IV	J9200
Fluconazole	200 mg	IV	J1450
Fludara (see Fludarabine phosphate)			
Fludarabine phosphate	50 mg	IV	J9185
Fluorouracil	500 mg	IV	J9190
Fluphenazine decanoate	up to 25 mg	IM/SC	J2680

Folex, or Folex PFS (see Methotrexate sodium)			
Follutein (see Chorionic gonadotropin)			
Fomepizole	1.5 mg	—	Q2008
Fomivirsen	1.65 mg	IO	J1452
Fortaz (see Ceftazidime)			
Foscarnet sodium	per 1,000 mg	IV	J1455
Foscavir (see Foscarnet sodium)			
Fosphenytoin	50 mg	—	Q2009
FUDR (see Floxuridine)			
Fungizone intravenous (see Amphotericin B)			
Furomide M.D. (see Furosemide)			
Furosemide	up to 20 mg	IM/IV	J1940

G

Gamastan (see Gamma globulin and immune globulin)			
Gamma globulin	1cc	IM	J1460
	2cc	IM	J1470
	3cc	IM	J1480
	4cc	IM	J1490
	5cc	IM	J1500
	6cc	IM	J1510
	7cc	IM	J1520
	8cc	IM	J1530
	9cc	IM	J1540
	10cc	IM	J1550
	over 10cc	IM	J1560

Gammar (see Gamma globulin and immune globulin)			
Gammar-IV (see Immune globulin intravenous (human))			
Gamulin RH (see Rho(D) immune globulin)			
Ganciclovir, implant	4.5 mg	OTH	J7310
Ganciclovir sodium	500 mg	IV	J1570
Garamycin, gentamicin	up to 80 mg	IM/IV	J1580
Gemcitabine HCl	200 mg	IV	J9201
Gemzar (see Gemcitabine HCl)			
Gentamicin sulfate (see Garamycin, gentamicin)			
Gentran (see Dextran 40)			
Gentran 75 (see Dextran 75)			
Gesterol 50 (see Progesterone)			
Gesterol LA 250 (see Hydroxyprogesterone caproate)			
Glatiramer acetate	per dose	—	Q2010
Glucagon HCl	per 1 mg	SC/IM/IV	J1610
Glukor (see Chorionic gonadotropin)			
Glycopyrrolate, inhalation solution, concentrated form	per mg	INH	J7642
Glycopyrrolate, inhalation solution, unit dose form	per mg	INH	J7643
Gold sodium thiomalate	up to 50 mg	IM	J1600
Gonadorelin HCl	per 100 mcg	SC/IV	J1620

Gonic (see Chorionic gonadotropin)			
Goserelin acetate implant	per 3.6 mg	SC	J9202
Granisetron HCl, injection	100 mcg	IV	J1626
Granisetron HCl, oral	1 mg	ORAL	Q0166
Gynogen LA-10, -20, or -40 (see Estradiol valerate)			

H

Haldol (see Haloperidol)			
Haloperidol	up to 5 mg	IM/IV	J1630
Haloperidol decanoate	per 50 mg	IM	J1631
Hemin	per 1 mg	—	Q2011
Hemofil M (see Factor VIII)			
Hemophilia clotting factors (e.g., anti-inhibitors)	per IU	IV	J7198
Hemophilia clotting factors, NOC	per IU	IV	J7199
Hep-Lock or Hep-Lock U/P (see Heparin sodium (heparin lock flush))			
Heparin sodium	1,000 U	IV/SC	J1644
Heparin sodium (heparin lock flush)	per 10 U	IV	J1642
Herceptin (see Trastuzumab)			
Hexadrol Phosphate (see Dexamethasone sodium phosphate)			
Histaject (see Brompheniramine maleate)			

Histerone 50 or 100 (see Testosterone suspension)			
Histrelin acetate	10 mg	—	Q2020
Hyalgan (see Sodium hyaluronate)			
Hyaluronidase	up to 150 U	SC/IV	J3470
Hyate:C (see Factor VIII (anti-hemophilic factor (porcine)))			
Hybolin improved (see Nandrolone phenpropionate)			
Hybolin decanoate (see Nandrolone decanoate)			
Hycamtin (see Topotecan)			
Hydeltra-TBA (see Prednisolone tebutate)			
Hydeltrasol (see Prednisolone sodium phosphate)			
Hydralazine HCl	up to 20 mg	IV/IM	J0360
Hydrate (see Dimenhydrinate)			
Hydrochlorides of opium alkaloids	up to 20 mg	IM, SC	J2480
Hydrocortisone acetate	up to 25 mg	IV/IM/SC	J1700
Hydrocortisone sodium phosphate	up to 50 mg	IV/IM/SC	J1710
Hydrocortisone sodium succinate	up to 100 mg	IV/IM/SC	J1720
Hydrocortone acetate (see Hyrocortisone acetate)			
Hydrocortone Phosphate (see Hydrocortisone sodium phosphate)			
Hydromorphone	up to 4 mg	SC/IM/IV	J1170

Hydroxyprogesterone caproate	125 mg/ml	IM	J1739
	250 mg/ml	IM	J1741
Hydroxyzine HCl	up to 25 mg	IM	J3410
Hydroxyzine pamoate	25 mg	ORAL	Q0177
	50 mg	ORAL	Q0178
Hylan G-F 20, for intra articular injection	16 mg	OTH	J7320
Hylutin (see Hydroxyprogesterone caproate)			
Hyoscyamine sulfate	up to 0.25 mg	SC/IM/IV	J1980
Hyperstat IV (see Diazoxide)			
Hyper-Tet (see Tetanus immune globulin, human)			
HypRho-D (see Rho(D) immune globulin)			
Hyprogest 250 (see Hydroxyprogesterone caproate)			
Hyrexin-50 (see Diphenhydramine HCl)			
Hyzine-50 (see Hydroxyzine HCl)			

I

Ibutilide fumarate	1 mg	IV	J1742
Idamycin (see Idarubicin HCl)			
Idarubicin HCl	5 mg	IV	J9211
Ifex (see Ifosfamide)			
Ifosfamide	1 gram	IV	J9208

Ilotycin (see Erythromycin gluceptate)			
Imferon (see Iron dextran)			
Imiglucerase	per unit	IV	J1785
Imipramine HCl	up to 25 mg	IM	J3270
Imitrex (see Sumatriptan succinate)			
Immune globulin	500 mg	IV	J1561
Immune globulin, anti-thymocyte globulin, parenteral	250 mg	IV	J7504
Immune globulin, intravenous	1 g	IV	J1563
Immunosuppressive drug, not otherwise classified	—	—	J7599
Imuran (see Azathioprine)			
Inapsine (see Droperidol)			
Inderal (see Propranolol HCl)			
Infed (see Iron dextran)			
Infergen (see Interferon alfa-1)			
Infliximab, injection	10 mg	IM/IV	J1745
Innovar (see Droperidol with fentanyl citrate)			
Insulin	up to 100 U	SC	J1820
Intal (see Cromolyn sodium or Cromolyn sodium, compounded)			
Integrilin, injection (see Eptifibatide)			

Interferon			
alphacon-1, recombinant	1 mcg	SC	J9212
alfa-2A, recombinant	3 million U	SC/IM	J9213
alfa-2B, recombinant	1 million U	SC/IM	J9214
alfa-N3, (human leukocyte derived)	250,000 IU	IM	J9215
beta-1A	33 mcg	IM	J1825
beta-1B	0.25 mg	SC	J1830
gamma-1B	3 million U	SC	J9216
Intrauterine copper contraceptive (see Copper contraceptive, intrauterine)			
Ipratropium bromide, unit dose form	per mg	INH	J7644
Irinotecan	20 mg	IV	J9206
Iron dextran	50 mg	IV/IM	J1750
Irrigation solution for Tx of bladder calculi	per 50 ml	OTH	Q2004
Isocaine HCl (see Mepivacaine)			
Isoetharine HCl, concentrated form	per mg	INH	J7648
Isoetharine HCl, unit dose form	per mg	INH	J7649
Isoproterenol HCl, concentrated form	per mg	INH	J7658
Isoproterenol HCl, unit dose form	per mg	INH	J7659
Isuprel (see Isoproterenol HCl)			

J

Jenamicin (see Garamycin, gentamicin)			

K

Kabikinase (see Streptokinase)			
Kaleinate (see Calcium gluconate)			
Kanamycin sulfate	up to 75 mg	IM/IV	J1850
	up to 500 mg	IM/IV	J1840
Kantrex (see Kanamycin sulfate)			
Keflin (see Cephalothin sodium)			
Kefurox (see Cefuroxime sodium)			
Kefzol (see Cefazolin sodium)			
Kenaject-40 (see Triamcinolone acetonide)			
Kenalog-10 or -40 (see Triamcinolone acetonide)			
Kestrone 5 (see Estrone)			
Ketorolac tromethamine	per 15 mg	IM/IV	J1885
Key-Pred 25 or 50 (see Prednisolone acetate)			
Key-Pred-SP (see Prednisolone sodium phosphate)			
K-Flex (see Orphenadrine citrate)			
Klebcil (see Kanamycin sulfate)			
Koate-HP (see Factor VIII)			
Kogenate (see Factor VIII)			
Konakion (see Vitamin K, phytonadione, etc.)			

Konyne-80 (see Factor IX, complex)			
Kutapressin	up to 2 ml	SC/IM	J1910
Kytril (see Granisetron HCl)			

L

L.A.E. 20 (see Estradiol valerate)			
Laetrile, amygdalin, vitamin B-17	—	—	J3570
Lanoxin (see Digoxin)			
Largon (see Propiomazine HCl)			
Lasix (see Furosemide)			
L-Caine (see Lidocaine HCl)			
Lepirudin	50 mg	—	Q2021
Leucovorin calcium	per 50 mg	IM/IV	J0640
Leukine (see Sargramostim (GM-CSF))			
Leuprolide acetate	per 1 mg	IM	J9218
Leuprolide acetate, implant	65 mg	—	J9219
Leuprolide acetate (for depot suspension)	3.75 mg	IM	J1950
	7.5 mg	IM	J9217
Leustatin (see Cladribine)			
Levabuterol HCl (see Albuterol)			
Levaquin I.U. (see Levofloxacin)			
Levocarnitine	per 1 g	IV	J1955
Levo-Dromoran (see Levorphanol tartrate)			

Levofloxacin	250 mg	IV	J1956
Levoprome (see Methotrimeprazine)			
Levorphanol tartrate	up to 2 mg	SC/IV	J1960
Levsin (see Hyoscyamine sulfate)			
Librium (see Chlordiazepoxide HCl)			
Lidocaine HCl	50cc	VAR	J2000
Lidoject-1 or -2 (see Lidocaine HCl)			
Lincocin (see Lincomycin HCl)			
Lincomycin HCl	up to 300 mg	IV	J2010
Liquaemin sodium (see Heparin sodium)			
Lioresal (see Baclofen)			
LMD (10%) (see Dextran 40)			
Lorazepam	2 mg	IM/IV	J2060
Lovenox (see Enoxaparin sodium)			
Lufyllin (see Dyphylline)			
Luminal sodium (see Phenobarbital sodium)			
Lupron (see Leuprolide acetate)			
Lymphocyte immune globulin, anti-thymocyte globulin, parenteral	250 mg	IV	J7504
Lyophilized (see Cyclophosphamide, lyophilized)			

M

Magnesium sulfate	per 500 mg	—	J3475
Mannitol	25% in 50 ml	IV	J2150
Marmine (see Dimenhydrinate)			
Mechlorethamine HCl (nitrogen mustard)	10 mg	IV	J9230
Medralone 40 or 80 (see Methylprednisolone acetate)			
Medrol (see Methylprednisolone)			
Medroxyprogesterone acetate	100 mg	IM	J1050
	150 mg	IM	J1055
Mefoxin (see Cefoxitin sodium)			
Melphalan HCl	50 mg	IV	J9245
Melphalan, oral	2 mg	ORAL	J8600
Menoject LA (see Testosterone cypionate and estradiol cypionate)			
Mepergan injection (see Meperidine and promethazine HCl)			
Meperidine HCl	per 100 mg	IM/IV/SC	J2175
Meperidine and promethazine HCl	up to 50 mg	IM/IV	J2180
Mephentermine sulfate	up to 30 mg	IM/IV	J3450
Mepivacaine HCl	per 10 ml	VAR	J0670
Mesna	200 mg	IV	J9209
Mesnex (see Mesna)			
Metaprel (see Metaproterenol sulfate)			

Metaproterenol sulfate, concentrated form	per 10 mg	INH	J7668
Metaproterenol sulfate, unit dose form	per 10 mg	INH	J7669
Metaraminol bitartrate	per 10 mg	IV/IM/SC	J0380
Metastron (see Strontium-89 chloride)			
Methadone HCl	up to 10 mg	IM/SC	J1230
Methergine (see Methylergonovine maleate)			
Methicillin sodium	up to 1 g	IM/IV	J2970
Methocarbamol	up to 10 ml	IV/IM	J2800
Methotrexate, oral	2.5 mg	ORAL	J8610
Methotrexate sodium	5 mg	IV/IM/IT/IA	J9250
	50 mg	IV/IM/IT/IA	J9260
Methotrexate LPF (see Methotrexate sodium)			
Methotrimeprazine	up to 20 mg	IM	J1970
Methoxamine HCl	up to 20 mg	IM/IV	J3390
Methyldopate HCl	up to 250 mg	IV	J0210
Methylergonovine maleate	up to 0.2 mg	IM/IV	J2210
Methylprednisolone, oral	per 4 mg	ORAL	J7509
Methylprednisolone acetate	20 mg	IM	J1020
	40 mg	IM	J1030
	80 mg	IM	J1040
Methylprednisone sodium succinate	up to 40 mg	IM/IV	J2920
	up to 125 mg	IM/IV	J2930
Metoclopramide HCl	up to 10 mg	IV	J2765
Metocurine iodide	up to 2 mg	IV	J2240
Miacalcin (see Calcitonin-salmon)			
Midazolam HCl	per 1 mg	IM/IV	J2250
Milrinone lactate	5 ml	IV	J2260

Mithracin (see Plicamycin)			
Mitomycin	5 mg	IV	J9280
	20 mg	IV	J9290
	40 mg	IV	J9291
Mitoxantrone HCl	per 5 mg	IV	J9293
Monocid (see Cefonicid sodium)			
Monoclate-P (see Factor VIII)			
Monoclonal antibodies, parenteral	5 mg	IV	J7505
Mononine (see Factor IX, purified, non-recombinant)			
Morphine sulfate	up to 10 mg	IM/IV/SC	J2270
	100 mg	IM/IV/SC	J2271
Morphine sulfate, preservative free, sterile solution	per 10 mg	SC/IM/IV	J2275
M-Prednisol-40 or -80 (see Methylprednisolone acetate)			
Mucomyst (see Acetylcysteine or Acetylcysteine, compounded)			
Mucosol (see Acetylcysteine)			
Muromonab-CD3	5 mg	IV	J7505
Muse (see Alprostadil)			
Mustargen (see Mechlorethamine HCl)			
Mutamycin (see Mitomycin)			
Mycophenolate mofetil, oral	250 mg	ORAL	J7517
Myleran (see Busulfan)			

Myochrysine (see Gold sodium thiomalate)			
Myolin (see Orphenadrine citrate)			
Myotonachol (see Bethanechol chloride)			

N

Nalbuphine HCl	per 10 mg	IM/IV/SC	J2300
Naloxone HCl	per 1 mg	IM/IV/SC	J2310
Nandrobolic (see Nandrolone phenpropionate)			
Nandrobolic LA (see Nandrolone decanoate)			
Nandrolone decanoate	up to 50 mg	IM	J2320
	up to 100 mg	IM	J2321
	up to 200 mg	IM	J2322
Nandrolone phenpropionate	up to 50 mg	IM	J0340
Narcan (see Naloxone HCl)			
Naropin (see Ropivacaine HCl)			
Nasahist B (see Brompheniramine maleate)			
Nasal vaccine inhalation	—	INH	J3530
Navane (see Thiothixene)			
Navelbine (see Vinorelbine tartrate)			
ND Stat (see Brompheniramine maleate)			
Nebcin (see Tobramycin sulfate)			

NebuPent (see Pentamidine isethionate)			
Nembutal sodium solution (see Pentobarbital sodium)			
Neocyten (see Orphenadrine citrate)			
Neo-Durabolic (see Nandrolone decanoate)			
Neoquess (see Dicyclomine HCl)			
Neosar (see Cyclophosphamide)			
Neostigmine methylsulfate	up to 0.5 mg	IM/IV/SC	J2710
Neo-Synephrine (see Phenylephrine HCl)			
Nervocaine 1% or 2% (see Lidocaine HCl)			
Nesacaine or Nesacaine-MPF (see Chloroprocaine HCl)			
Neumega (see Oprelvekin)			
Neupogen (see Filgrastim (G-CSF))			
Neutrexin (see Trimetrexate glucuronate)			
Niacinamide, niacin	up to 100 mg	IV/SC/IM	J2350
Nicotinic acid (see Niacinamide, niacin)			
Nicotinamide, (see Niacinamide, niacin)			
Nipent (see Pentostatin)			
Nordryl (see Diphenhydramine HCl)			
Norflex (see Orphenadrine citrate)			

Norzine (see Thiethylperazine maleate)			
Not otherwise classified drugs	—	—	J3490
Not otherwise classified drugs, other than inhalation drugs	—	other than INH, admin thru DME	J7799
Not otherwise classified drugs, inhalation solution	—	INH admin thru DME	J7699
Not otherwise classified drugs, anti-neoplastic	—	—	J9999
Not otherwise classified drugs, chemotherapeutic, prescription, oral	—	ORAL	J8999
Not otherwise classified drugs, non-chemotherapeutic, prescription, oral	—	ORAL	J8499
Not otherwise classified drugs, immunosuppressive	—	—	J7599
Novantrone (see Mitoxantrone HCl)			
Novo Seven (see Factor VIIa)			
NPH (see Insulin)			
Nubain (see Nalbuphine HCl)			
Nulicaine (see Lidocaine HCl)			
Numorphan or Numorphan H.P. (see Oxymorphone HCl)			

O

Octreotide acetate, injection	1 mg	IM/IV	J2352
Oculinum (see Botulinum toxin type A)			
Odansetron HCl	per 1 mg	IV	J2405
O-Flex (see Orphenadrine citrate)			
Omnipen-N (see Ampicillin)			
Oncaspar (see Pegaspargase)			
Oncovin (see Vincristine sulfate)			
Ondansetron HCl, oral	8 mg	ORAL	Q0179
Oprelvekin	5 mg	SC	J2355
Oraminic II (see Brompheniramine maleate)			
Ormazine (see Chlorpromazine HCl)			
Orphenadrine citrate	up to 60 mg	IV/IM	J2360
Orphenate (see Orphenadrine citrate)			
Or-Tyl (see Dicyclomine)			
Oxacillin sodium	up to 250 mg	IM/IV	J2700
Oxymorphone HCl	up to 1 mg	IV/SC/IM	J2410
Oxytetracycline HCl	up to 50 mg	IM	J2460
Oxytocin	up to 10 U	IV/IM	J2590

P

Paclitaxel	30 mg	IV	J9265
Pamidronate disodium	per 30 mg	IV	J2430

Pantopon (see Hydrochlorides of opium alkaloids)			
Papaverine HCl	up to 60 mg	IV/IM	J2440
Paragard T 380 A (see Copper contraceptive, intrauterine)			
Paraplatin (see Carboplatin)			
Paricalcitol, injection	5 mcg	IV/IM	J2500
Pegademase bovine	25 IU	—	Q2012
Pegaspargase	single dose vial	IM/IV	J9266
Penicillin G benzathine	up to 600,000U	IM	J0560
	up to 1,200,000U	IM	J0570
	up to 2,400,000U	IM	J0580
Penicillin G benzathine & penicillin G procaine	up to 600,000U	IM	J0530
	up to 1,200,000U	IM	J0540
	up to 2,400,000U	IM	J0550
Penicillin G potassium	up to 600,000U	IM/IV	J2540
Penicillin G procaine, aqueous	up to 600,000U	IM/IV	J2510
Pentagastrin	per 2 ml	SC	J2512
Pentamidine isethionate	per 300 mg	INH	J2545
Pentastarch, 10%	per 100 ml	—	Q2013
Pentazocine HCl	up to 30 mg	IM/SC/IV	J3070
Pentobarbital sodium	per 50 mg	IM/IV/OTH	J2515
Pentostatin	per 10 mg	IV	J9268
Peptavlon (see Pentagastrin)			
Permapen (see Penicillin G benzathine)			
Perphenazine, injection	up to 5 mg	IM/IV	J3310
Perphenazine, tablets	4 mg	ORAL	Q0175
	8 mg	ORAL	Q0176

Persantine IV (see Dipyridamole)			
Pfizerpen (see Penicillin G potassium)			
Pfizerpen AS (see Penicillin G procaine)			
Phenazine 25 or 50 (see Promethazine HCl)			
Phenergan (see Promethazine HCl)			
Phenobarbital sodium	up to 120 mg	IM/IV	J2560
Phentolamine mesylate	up to 5 mg	IM/IV	J2760
Phenylephrine HCl	up to 1 ml	SC/IM/IV	J2370
Phenytoin sodium	per 50 mg	IM/IV	J1165
Photofrin (see Porfimer sodium)			
Phytonadione (Vitamin K)	per 1 mg	IM/SC/IV	J3430
Piperacillin sodium/Tazobactam sodium, injection	1.125 g	IV	J2543
Pitocin (see Oxytocin)			
Plas + SD (see Plasma, pooled multiple donor)			
Plasma, cryoprecipitate reduced	each U	—	P9044
Plasma, pooled multiple donor, solvent/detergent treated, frozen	each U	IV	P9023
Platinol or Platinol AQ (see Cisplatin)			
Plicamycin	2.5 mg	IV	J9270
Polocaine (see Mepivacaine)			
Polycillin-N (see Ampicillin)			
Porfimer sodium	75 mg	IV	J9600

Potassium chloride	per 2 mEq	IV	J3480
Pralidoxime chloride	up to 1 g	IV/IM/SC	J2730
Predalone-50 (see Prednisolone acetate)			
Predalone TBA (see Prednisolone tebutate)			
Predcor-25 or -50 (see Prednisolone acetate)			
Predicort-50 (see Prednisolone acetate)			
Prednisone, oral	per 5 mg	ORAL	J7506
Prednisol TBA (see Prednisolone tebutate)			
Prednisolone, oral	per 5 mg	ORAL	J7510
Prednisolone acetate	up to 1 ml	IM	J2650
Prednisolone sodium phosphate	up to 20 mg	IV/IM	J2640
Prednisolone tebutate	up to 20 mg	VAR	J1690
Predoject-50 (see Prednisolone acetate)			
Pregnyl (see Chorionic gonadotropin)			
Premarin Intravenous (see Estrogen, conjugated)			
Prescription, oral, chemotherapeutic, NOS	—	ORAL	J8999
Prescription, oral, nonchemotherapeutic, NOS	—	ORAL	J8499
Primacor (see Milrinone lactate)			
Primaxin IM or IV (see Cilastatin sodium, imipenem)			
Priscoline HCl (see Tolazoline HCl)			

Pro-Depo (see Hydroxyprogesterone caproate)			
Procainamide HCl	up to 1 g	IM/IV	J2690
Prochlorperazine	up to 10 mg	IM/IV	J0780
Prochlorperazine maleate, oral	5 mg	ORAL	Q0164
	10 mg	ORAL	Q0165
Profasi HP (see Chorionic gonadotropin)			
Profilnine Heat-Treated (see Factor IX)			
Progestaject (see Progesterone)			
Progesterone	per 50 mg	IM	J2675
Prograf (see Tacrolimus, oral or parenteral)			
Prokine (see Sargramostim (GM-CSF))			
Prolastin (see Alpha 1 -proteinase inhibitor, human)			
Proleukin (see Aldesleukin)			
Prolixin decanoate (see Fluphenazine decanoate)			
Promazine HCl	up to 25 mg	IM	J2950
Promethazine HCl, injection	up to 50 mg	IM/IV	J2550
Promethazine HCl, oral	12.5 mg	ORAL	Q0169
	25 mg	ORAL	Q0170
Pronestyl (see Procainamide HCl)			
Propiomazine HCl	up to 20 mg	IV/IM	J1930
Proplex T or SX-T (see Factor IX)			
Propranolol HCl	up to 1 mg	IV	J1800

Prorex-25 or -50 (see Promethazine HCl)			
Prostaphlin (see Procainamide HCl)			
Prostigmin (see Neostigmine methylsulfate)			
Protamine sulfate	per 10 mg	IV	J2720
Protirelin	per 250 mcg	IV	J2725
Prothazine (see Promethazine HCl)			
Protopam chloride (see Pralidoxime chloride)			
Proventil (see Albuterol sulfate, compounded)			
Prozine-50 (see Promazine HCl)			

Q

Quelicin (see Succinylcholine chloride)			
Quinupristin/dalfopristin	500 mg (150/350)	IV	J2770

R

Ranitidine HCl, injection	25 mg	IV/IM	J2780
Rapamune (see Sirolimus)			
Recombinant (see Factor VIII)			
Redisol (see Vitamin B-12 cyanocobalamin)			
Regitine (see Phentolamine mesylate)			
Reglan (see Metoclopramide HCl)			

Regular (see Insulin)			
Relefact TRH (see Protirelin)			
Remicade (see Infliximab, injection)			
Reo Pro (see Abciximab)			
Rep-Pred 40 or 80 (see Methylprednisolone acetate)			
RespiGam (see Respiratory syncytial virus)			
Respiratory syncytial virus immuneglobulin	50mg	IV	J1565
Retavase (see Reteplase)			
Reteplase	18.8 mg	IV	J2993
Retrovir (see Zidovudine)			
Rheomacrodex (see Dextran 40)			
Rhesonativ (see Rho(D) immune globulin, human)			
Rheumatrex Dose Pack (see Methotrexate, oral)			
Rho(D) immune globulin, human	1 dose pkg	IM	J2790
Rho(D) immune globulin, human, solvent detergent	100 IU	IV	J2792
RhoGAM (see Rho(D) immune globulin, human)			
Ringer's lactate infusion	up to 1,000 cc	IV	J7120
Rituxan (see Rituximab)			
Rituximab	100 mg	IU	J9310
Robaxin (see Methocarbamol)			

Rocephin (see Ceftriaxone sodium)			
Roferon-A (see Interferon alfa-2A, recombinant)			
Ropivacaine HCl	1 mg	—	J2795
Rubex (see Doxorubicin HCl)			
Rubramin PC (see Vitamin B-12 cyanocobalamin)			

S

Saline solution 5% dextrose	500 ml = 1 U	IV	J7042
Saline solution, normal, infusion	250 cc	IV	J7050
	1,000 cc	IV	J7030
Saline solution, normal, sterile, infusion	500 ml = 1 U	IV/OTH	J7040
Saline or water, sterile	up to 5 cc	IV/OTH	J7051
Sandimmune (see Cyclosporine)			
Sandoglobulin (see Immune globulin intravenous (human))			
Sandostatin Lar Depot (see Octreotide)			
Sargramostim (GM-CSF)	50 mcg	IV	J2820
Secobarbital sodium	up to 250 mg	IM/IV	J2860
Seconal (see Secobarbital sodium)			
Selestoject (see Betamethasone sodium phosphate)			
Sermorelin acetate	0.5 mg	—	Q2014

Sinusol-B (see Brompheniramine maleate)			
Sirolimus	1 mg	ORAL	J7520
Sodium chloride 0.9%	per 2 ml	IV	J2912
Sodium ferricgluconate in sucrose	62.5 mg	—	J2915
Sodium hyaluronate	20 mg	OTH	J7315
Solganal (see Aurothioglucose)			
Solu-Cortef (see Hydrocortisone sodium phosphate (J1710))			
Solu-Medrol (see Methylprednisolone sodium succinate)			
Solurex (see Dexamethasone sodium phosphate)			
Solurex LA (see Dexamethasone acetate)			
Somatrem	5 mg	—	Q2015
Somatropin	1 mg	—	Q2016
Sparine (see Promazine HCl)			
Spasmoject (see Dicyclomine HCl)			
Spectinomycin HCl	up to 2 g	IM	J3320
Staphcillin (see Methicillin sodium)			
Stilphostrol (see Diethylstilbestrol diphosphate)			
Streptase (see Streptokinase)			
Streptokinase	per 250,000 IU	IV	J2995
Streptomycin	up to 1 g	IM	J3000

Streptomycin sulfate (see Streptomycin)			
Streptozocin	1 g	IV	J9320
Strontium-89 chloride	per mci	IV	A9600
Sublimaze (see Fentanyl citrate)			
Succinylcholine chloride	up to 20 mg	IV/IM	J0330
Sumatriptan succinate	6 mg	SC	J3030
Surostrin (see Succinycholine chloride)			
Sus-Phrine (see Adrenalin, epinephrine)			
Synercid (see Quinupristan/dalfopristin)			
Synkavite (see Vitamin K, phytonadione, etc.)			
Syntocionon (see Oxytocin)			
Synvisc (see Hylan G-F 20)			
Sytobex (see Vitamin B-12 cyanocobalamin)			

T

Tacrolimus, oral	per 1 mg	ORAL	J7507
	per 5 mg	ORAL	J7508
Tacrolimus, parenteral	5mg	—	J7515
Talwin (see Pentazocine HCl)			
Taractan (see Chlorprothixene)			
Taxol (see Paclitaxel)			
Taxotere (see Docetaxel)			
Tazidime (see Ceftazidime)			
Technetium Tc sestamibi	per dose	—	A9500

TEEV (see Testosterone enanthate and Estradiol valerate)			
Temozolmide	5 mg	ORAL	J8700
Teniposide	50 mg	—	Q2017
Terbutaline sulfate	up to 1 mg	SC/IV	J3105
Terbutaline sulfate, inhalation solution, concentrated form	per 1 mg	INH	J7680
Terbutaline sulfate, inhalation solution, unit dose form	per 1 mg	INH	J7681
Terramycin IM (see Oxytetracycline HCl)			
Testa-C (see Testosterone cypionate)			
Testadiate (see Testosterone enanthate and Estradiol valerate)			
Testadiate-Depo (see Testosterone cypionate)			
Testaject-LA (see Testosterone cypionate)			
Testaqua (see Testosterone suspension)			
Test-Estro Cypionates or Test-Estro-C (see Testosterone cypionate and Estradiol cypionate)			
Testex (see Testosterone propionate)			
Testoject-50 (see Testosterone suspension)			
Testoject-LA (see Testosterone cypionate)			
Testone LA 100 or 200 (see Testosterone enanthate)			

Testosterone aqueous (see Testosterone suspension)			
Testosterone cypionate	1 cc, 50 mg	IM	J1090
	up to 100 mg	IM	J1070
	1 cc, 200 mg	IM	J1080
Testosterone cypionate & estradiol cypionate	up to 1 ml	IM	J1060
Testosterone enanthate	up to 100 mg	IM	J3120
	up to 200 mg	IM	J3130
Testosterone enanthate & estradiol valerate	up to 1 cc	IM	J0900
Testosterone propionate	up to 100 mg	IM	J3150
Testosterone suspension	up to 50 mg	IM	J3140
Testradiol 90/4 (see Testosterone enanthate and Estradiol valerate)			
Testrin PA (see Testosterone enanthate)			
Tetanus immune globulin, human	up to 250 U	IM	J1670
Tetracycline	up to 250 mg	IM/IV	J0120
Thallous chloride Tl 201	per mci	—	A9505
Theelin Aqueous (see Estrone)			
Theophylline	per 40 mg	IV	J2810
TheraCys (see BCG live)			
Thiethylperazine maleate, injection	up to 10 mg	IM	J3280
Thiethylperazine maleate, oral	10 mg	ORAL	Q0174
Thiotepa	15 mg	IV	J9340
Thiothixene	up to 4 mg	IM	J2330
Thorazine (see Chlorpromazine HCl)			

Thymoglobulin (see Immune globulin, anti-thymocyte)			
Thypinone (see Protirelin)			
Thyrogen (see Thyrotropin alfa)			
Thyrotropin alfa, injection	0.9 mg	IM/SC	J3240
Tice BCG (see BCG live)			
Ticon (see Trimethobenzamide HCl)			
Tigan (see Trimethobenzamide HCl)			
Tiject-20 (see Trimethobenzamide HCl)			
Tirofiban HCl, injection	12.5 mg	IM/IV	J3245
Tobi (see Tobramycin, inhalation solution)			
Tobramycin, inhalation solution, unit dose form	300 mg	INH	J7682
Tobramycin sulfate	up to 80 mg	IM/IV	J3260
Tofranil (see Imipramine HCl)			
Tolazoline HCl	up to 25 mg	IV	J2670
Topotecan	4 mg	IV	J9350
Toradol (see Ketorolac tromethamine)			
Torecan (see Thiethylperazine maleate)			
Tornalate (see Bitolterol mesylate)			
Torsemide	10 mg/ml	IV	J3265
Totacillin-N (see Ampicillin)			
Trastuzumab	10 mg	IV	J9355

Tri-Kort (see Triamcinolone acetonide)			
Triam-A (see Triamcinolone acetonide)			
Triamcinolone, inhalation solution, concentrated form	per mg	INH	J7683
Triamcinolone, inhalation solution, unit dose form	per mg	INH	J7684
Triamcinolone acetonide	per 10 mg	IM	J3301
Triamcinolone diacetate	per 5 mg	IM	J3302
Triamcinolone hexacetonide	per 5 mg	VAR	J3303
Triflupromazine HCl	up to 20 mg	IM/IV	J3400
Trilafon (see Perphenazine)			
Trilog (see Triamcinolone acetonide)			
Trilone (see Triamcinolone diacetate)			
Trimethaphan camsylate	up to 500 mg	IV	J0400
Trimethobenzamide HCl, injection	up to 200 mg	IM	J3250
Trimethobenzamide HCl, oral	250 mg	ORAL	Q0173
Trimetrexate glucoronate	per 25 mg	IV	J3305
Trobicin (see Spectinomycin HCl)			
Trovan (see Alatrofloxacin mesylate)			

U

Ultrazine-10 (see Prochlorperazine)			
Unasyn (see Ampicillin sodium/sulbactam sodium)			

Unclassified drugs (see also Not elsewhere classified)	—	—	J3490
Unspecified oral antiemetic	—	—	Q0181
Urea	up to 40 g	IV	J3350
Ureaphil (see Urea)			
Urecholine (see Bethanechol chloride)			
Urofollitropin	75 IU	—	Q2018
Urokinase	5,000 IU vial	IV	J3364
	250,000 IU vial	IV	J3365

V

V-Gan 25 or 50 (see Promethazine HCl)			
Valergen 10, 20, or 40 (see Estradiol valerate)			
Valertest No. 1 or No. 2 (see Testosterone enanthate and Estradiol valerate)			
Valium (see Diazepam)			
Valrubicin, intravesical	200 mg	OTH	J9357
Valstar (see Valrubicin)			
Vancocin (see Vancomycin HCl)			
Vancoled (see Vancomycin HCl)			
Vancomycin HCl	up to 500 mg	IV/IM	J3370
Vasoxyl (see Methoxamine HCl)			
Velban (see Vinblastine sulfate)			
Velsar (see Vinblastine sulfate)			

Ventolin (see Albuterol sulfate)			
VePesid (see Etoposide and Etoposide, oral)			
Versed (see Midazolam HCl)			
Vesprin (see Triflupromazine HCl)			
Viadur (see Leuprolide acetate implant)			
Vinblastine sulfate	1 mg	IV	J9360
Vincasar PFS (see Vincristine sulfate)			
Vincristine sulfate	1 mg	IV	J9370
	2 mg	IV	J9375
	5 mg	IV	J9380
Vinorelbine tartrate	per 10 mg	IV	J9390
Vistaject-25 (see Hydroxyzine HCl)			
Vistaril (see Hydroxyzine HCl)			
Vistide (see Cidofovir)			
Vitamin B-12 cyanocobalamin	up to 1,000 mcg	IM/SC	J3420
Vitamin K, phytonadione	per 1 mg	IM/SC/IV	J3430
Von Willebrand factor complex, human	per IU	IV	Q2022

W

Wehamine (see Dimenhydrinate)			
Wehdryl (see Diphenhydramine HCl)			
Wellcovorin (see Leucovorin calcium)			

Win Rho SD (see Rho(D) immuneglobulin, human, solvent detergent)			
Wyamine sulfate (see Mephentermine sulfate)			
Wycillin (see Penicillin G procaine)			
Wydase (see Hyaluronidase)			

X

Xeloda (see Capecitabine)			
Xopenex (see Albuterol)			
Xylocaine HCl (see Lidocaine HCl)			

Z

Zanosar (see Streptozocin)			
Zantac (see Ranitidine HCl)			
Zemplar (see Paricalcitol)			
Zenapax (see Daclizumab)			
Zetran (see Diazepam)			
Zidovudine	10 mg	IV	J3485
Zinacef (see Cefuroxime sodium)			
Zithromax (see Azithromycin dihydrate)			
Zithromax I.V. (see Azithromycin, injection)			
Zofran (see Ondansetron HCl)			

Zoladex (see Goserelin acetate implant)

Zolicef (see Cefazolin sodium)

Zosyn (see Piperacillin)

INDEX

A

Abbokinase J3364, J3365
Abciximab J0130
Abdomen
  dressing holder/binder A4462
  pad, low profile L1270
  supports, pendulous L0920, L0930
Abduction control, each L2624
Abduction rotation bar, foot L3140-L3170
Abelcet, see Amphotericin B Lipid Complex
ABLC, see Amphotericin B
Absorption dressing A6251-A6256
Access system A4301
Accessories
  ambulation devices E0153-E0159
  artificial kidney and
    machine (see also ESRD) E1510-E1699
  beds E0271-E0280, E0305-E0326
  wheelchairs E0950-E1001, E1050-E1298,
    . . . . . K0001-K0109
Acetazolamide sodium J1120
Acetylcysteine, inhalation solution J7608
Achromycin J0120
ACTH J0800
Acthar J0800
Actimmune J9216
Activase J2997
Adenocard J0150, J0151
Adenoscan J0150, J0151
Adenosine J0150, J0151
Adhesive A4364
  disc or foam pad A5126
  remover A4365, A4455
  support, breast prosthesis A4280

Adhesive—*continued*
tape A4454, A6265
Administrative, Miscellaneous and Investigational A9000-A9999
Adrenalin J0170
Adrenalin Chloride J0170
Adriamycin J9000
Adrucil J9190
Aerosol
compressor E0571, E0572
compressor filter K0178, K0179
mask K0180
AFO E1815, E1830, L1900-L1990, L4392, L4396
Aggrastat J3245
A-hydroCort J1710
Air ambulance (see also Ambulance) A0030, A0040
Air bubble detector, dialysis E1530
Air fluidized bed E0194
Air pressure pad/mattress E0176, E0186, E0197
Air travel and nonemergency transportation A0140
Akineton J0190
Alarm, pressure, dialysis E1540
Alatrofloxacin mesylate J0200
Albumin, human P9041, P9042
Albuterol, all formulations, concentrated J7618
Albuterol, all formulations, unit dose J7619
Alcohol A4244
Alcohol wipes A4245
Aldesleukin J9015
Aldomet J0210
Alferon N J9215
Alginate dressing A6196-A6199
Alglucerase J0205
Alkaban-AQ J9360
Alkeran J8600
Alpha-1-proteinase inhibitor (human) J0256
Alprostadil, injection J0270
Alprostadil, urethral suppository J0275
Alteplase recombinant J2997

Alternating pressure mattress/pad A4640, E0180, E0181, E0277
Alveoloplasty D7310-D7320
Amalgam dental restoration D2110-D2161
Ambulance A0021-A0999
  air A0430, A0431, A0435, A0436
  disposable supplies A0382-A0398
  oxygen A0422
Ambulation device E0100-E0159
Amcort J3302
A-methaPred J2920, J2930
Amifostine J0207
Aminophylline J0280
Amiodarone HCl J0282
Amitriptyline HCl J1320
Ammonia test paper A4774
Amniotic membrane V2790
Amobarbital J0300
Amphocin, see Amphotericin B
Amphotericin B J0285
Amphotericin B Lipid Complex J0286
Ampicillin sodium J0290
Ampicillin sodium/sulbactam sodium J0295
Amputee
  adapter, wheelchair E0959
  prosthesis L5000-L7510, L7520, L7900, L8400-L8465
  stump sock L8470-L8490
  wheelchair E1170-E1190, E1200, K0100
Amygdalin J3570
Amytal J0300
Anabolin LA 100 . . . . . J2320-J2322
Analgesia, dental D9230
Ancef J0690
Andrest 90-4 . . . . . J0900
Andro-Cyp J1070, J1080, J1090
Andro-Estro 90-4 . . . . . J0900
Androgyn L.A. J0900
Andro L.A. 200 . . . . . J3130
Androlone-50 . . . . . J0340

-D 100 ..... J2321
Andronaq-50 ..... J3140
-LA J1070
Andronate-100 ..... J1070
-200 ..... J1080
Andropository 100 ..... J3120
Andryl 200 ..... J3130
Anectine J0330
Anergan (25, 50) J2550
Anesthesia
dental D7110-D7130, D7210-D7250, D9210-D9240
dialysis A4735
Anistreplase J0350
Ankle splint, recumbent K0126-K0130
Ankle-foot orthosis (AFO) L1900-L1990, L2102-L2116, L4392, L4396
Anterior-posterior-lateral orthosis L0520, L0550-L0565, L0700, L0710
Anterior-posterior-lateral-rotary orthosis L0340-L0440
Anterior-posterior orthosis L0320, L0330, L0530
Anti-emetic, oral Q0163-Q0181
Anti-hemophilic factor (Factor VIII) J7190-J7192
Anti-inhibitors, per I.U. J7198
Anti-neoplastic drug, NOC J9999
Antispas J0500
Antithrombin III J7197
Antral fistula closure, oral D7260
Anzemet J1260
Apexification, dental D3351-D3353
Apicoectomy D3410-D3426
A.P.L. J0725
Apnea monitor E0608
Appliance
cleaner A5131
pneumatic E0655-E0673
Apresoline J0360
AquaMEPHYTON J3430
Aprotinin Q2003

Aqueous
shunt L8612
sterile J7051
Aralen J0390
Aramine J0380
Arbutamine HCl J0395
Arch support L3040-L3100
Intralesional J3302
Aredia J2430
Arfonad J0400
Aristocort
Forte J3302
Intralesional J3302
Aristospan
Intra-articular J3303
Intralesional J3303
Arm, wheelchair E0973
Arrestin J3250
Artificial
kidney machines and accessories (see also Dialysis) E1510-E1699
larynx L8500
Asparaginase J9020
Assessment
audiologic V5008-V5020
cardiac output M0302
speech V5362-V5364
Astramorph J2275
Atgam J7504, K0123
Ativan J2060
Atropine, inhalation solution, concentrated J7635
Atropine, inhalation solution, unit dose J7636
Atropine sulfate J0460
Audiologic assessment V5008-V5020
Auricular prosthesis D5914, D5927
Aurothioglucose J2910
Autologous cultured chondrocytes, implant J7330
Avonex, see Interferon beta-1a
Azathioprine J7500, J7501

Azithromycin dihydrate Q0144
Azithromycin injection J0456

B

Back supports L0500-L0960
Baclofen J0475, J0476
Bacterial sensitivity study P7001
Bactocill J2700
Bag
drainage A4357
irrigation supply A4398
urinary A5112, A4358
BAL in oil J0470
Bandage A4460
Banflex J2360
Basiliximab Q2019
Bathtub
stool or bench E0245
transfer rail E0246
wall rail E0241, E0242
Battery K0082-K0087, L7360, L7364
charger E1066, K0088, K0089, L7362, L7366
replacement for blood glucose monitor A4254
replacement for TENS A4630
ventilator A4611-A4613
wheelchair A4631
BCG live, intravesical J9031
Bed
air fluidized E0194
cradle, any type E0280
drainage bag, bottle A4357, A5102
hospital E0250-E0270, E0298
pan E0275, E0276
rail E0305, E0310
Below knee suspension sleeve L5674, L5675

Belt
extremity ... E0945
ostomy ... A4367
pelvic ... E0944
safety ... K0031
wheelchair ... E0978, E0979
Bena-D (10, 50) ... J1200
Benadryl ... J1200
Benahist (10, 50) ... J1200
Ben-Allergin-50 ... J1200
Bench, bathtub (see also Bathtub) ... E0245
Benefix, see Factor IX ... Q0161
Benesch boot ... L3212-L3214
Benoject (-10, -50) ... J1200
Bentyl ... J0500
Benzquinamide HCl ... J0510
Benztropine ... J0515
Berubigen ... J3420
Betadine ... A4246, A4247
Betalin 12 ... J3420
Betameth ... J0704
Betamethasone acetate and betamethasone sodium phosphate ... J0702
Betamethasone sodium phosphate ... J0704
Betaseron ... J1830
Bethanechol chloride ... J0520
Bicarbonate dialysate ... A4705
Bicillin C-R, Bicillin C-R 900/300 ... J0530-J0550
Bicillin L-A ... J0560-J0580
BiCNU ... J9050
Bicuspid (excluding final restoration) ... D3320
retreatment, by report ... D3347
surgery, first root ... D3421
Bifocal, glass or plastic ... V2200-V2299
Bilirubin (phototherapy) light ... E0202
Binder ... A4465
Biofeedback device ... E0746
Bioimpedance, electrical, cardiac output ... M0302
Biperiden lactate ... J0190

Bitewing D0270-D0274
Bitolterol mesylate, inhalation solution, concentrated J7628
Bitolterol mesylate, inhalation solution, unit dose J7629
Bladder calculi irrigation solution Q2004
Bladder capacity test, ultrasound G0050
Bleaching tooth D3960
Blenoxane J9040
Bleomycin sulfate J9040
Blood
    Congo red P2029
    fresh frozen plasma P9017
    glucose monitor E0607, E0609
    glucose test A4253
    leak detector, dialysis E1560
    leukocyte poor P9016
    mucoprotein P2038
    platelets P9019
    platelets, irradiated P9032
    platelets, leucocytes reduced P9031
    platelets, leucocytes reduced, irradiated P9033
    platelets, pheresis P9034
    platelets, pheresis, irradiated P9036
    platelets, pheresis, leukocytes reduced P9035
    platelets, pheresis, leukocytes reduced, irradiated P9037
    pressure monitor A4660, A4663, A4670
    pump, dialysis E1620
    red blood cells, deglycerolized P9039
    red blood cells, irradiated P9038
    red blood cells, leukocytes reduced P9016
    red blood cells, leukocytes reduced, irradiated P9040
    red blood cells, washed P9022
    strips A4253
    supply P9010-P9022
    testing supplies A4770
    tubing A4750, A4755
Body jacket
    lumbar-sacral orthosis (spinal) L0500-L0565, L0600, L0610
    scoliosis L1300, L1310

Body sock L0984
Bond or cement, ostomy skin A4364
Bone mineral density study G0062, G0063
Boot
pelvic E0944
surgical, ambulatory L3260
Botulinum toxin type A J0585
Brachytherapy radioelements Q3001
Breast prosthesis L8000-L8035, L8600
Breast prosthesis, adhesive skin support A4280
Breast pump, all types E0602
Breathing circuit A4618
Brethine J3105
Bricanyl subcutaneous J3105
Bridge
recement D6930
repair, by report D6980
Brompheniramine maleate J0945
Bronkephrine J0590
Bus, nonemergency transportation A0110

C

Cabergoline, oral Q2001
Caine (-1, -2) J2000
Calcijex J0635
Calcimar J0630
Calcitriol J0635
Calcitonin-salmon J0630
Calcium disodium edetate J0600
Calcium Disodium Versenate J0600
Calcium gluconate J0610
Calcium glycerophosphate and calcium lactate J0620
Calcium lactate and calcium glycerophosphate J0620
Calcium leucovorin J0640
Calibrator solution A4256
Calphosan J0620
Camptosar, see Irinotecan

Cane E0100, E0105
accessory A4636, A4637
Canister, disposable, used with suction pump A7000
Canister, non-disposable, used with suction pump A7001
Cannula, nasal A4615
Capecitabine, oral J8520, J8521
Carbocaine with Neo-Cobefrin J0670
Carbon filter A4680
Carboplatin J9045
Cardia Event, recorder, implantable E0616
Cardiokymography Q0035
Cardiovascular services M0300-M0302
Carmustine J9050
Caries susceptibility test D0425
Carnitor J1955
Carticel (see Autologous cultured chondrocytes)
Cast
diagnostic, dental D0470
hand restoration L6900-L6915
materials, special A4590
plaster L2102, L2122
supplies A4580, A4590
synthetic L2104, L2124
thermoplastic L2106, L2126
Caster, front, for power wheelchair K0099
Caster, wheelchair E0997, E0998
Catheter A4300-A4365
anchoring device A4333, A4334, A5200
cap, disposable (dialysis) A4860
external collection device A4327-A4330, A4347, K0410, K0411
indwelling A4338-A4346
indwelling, insertion of G0002
insertion tray A4354
intermittent with insertion supplies A4353
irrigation supplies A4355, K0409
male external A4324, A4325, A4348
oropharyngeal suction A4628

Catheter—*continued*
starter set A4329
trachea (suction) A4624
transtracheal oxygen A4608
Catheterization, specimen collection. P9612, P9615
Cefadyl J0710
Cefazolin sodium J0690
Cefizox J0715
Cefonicid sodium J0695
Cefotaxime sodium J0698
Cefoxitin J0694
Ceftazidime. J0713
Ceftizoxime sodium J0715
Ceftriaxone sodium J0696
Cefuroxime sodium J0697
Celestone Phosphate J0704
CellCept K0412
Cellular therapy M0075
Cel-U-Jec J0704
Cement, ostomy A4364
Cenacort A-40 . . . . . J3301
Cenacort Forte J3302
Centrifuge A4650
Cephalin Floculation, blood P2028
Cephalothin sodium J1890
Cephapirin sodium J0710
Ceredase J0205
Cerezyme J1785
Cerubidine. J9150
Cervical
halo. L0810-L0830
head harness/halter E0942
orthosis. L0100-L0200
pillow E0943
traction E0855
Cervical cap, contraceptive A4261
Cervical-thoracic-lumbar-sacral orthosis (CTLSO) L0700, L0710

Chair
adjustable, dialysis E1570
lift E0627
rollabout E1031
sitz bath E0160-E0162
Chealamide J3520
Chelation therapy M0300
Chemical endarterectomy M0300
Chemistry and toxicology tests P2028-P3001
Chemotherapy
administration (hospital reporting only) Q0083-Q0085
drug, oral, not otherwise classified J8999
drugs (see also by drug name) J9000-J9999
Chest shell (cuirass) E0457
Chest wrap E0459
Chin cup, cervical L0150
Chin strap (for positive airway pressure device) K0186
Chlor-100 ..... J0730
Chloramphenicol sodium succinate J0720
Chlordiazepoxide HCl J1990
Chloromycetin sodium succinate J0720
Chloroprocaine HCl J2400
Chloroquine HCl J0390
Chlorothiazide sodium J1205
Chlorpheniramine maleate J0730
Chlor-Pro (10) J0730
Chlorpromazine HCl J3230
Chlorprothixene J3080
Chlortrimeton J0730
Chorex (-5, -10) J0725
Chorignon J0725
Chorionic gonadotropin J0725
Choron 10 ..... J0725
Chromic phospate P32 suspension Q3011
Cidofovir J0740
Cilastatin sodium, imipenem J0743
Cisplatin J9060, J9062
Cladribine J9065
Claforan J0698

Clamp
dialysis A4910, A4918, A4920
external urethral A4356
Cleanser, wound A6260
Cleansing agent, dialysis equipment A4790
Clonidine J0735
Clotting time tube A4771
Clubfoot wedge L3380
Cobex J3420
Cochlear prosthetic implant L8614
replacement L8619
Codeine phosphate J0745
Codimal-A J0945
Cogentin J0515
Colchicine J0760
Colistimethate sodium J0770
Collagen
skin test G0025
urinary tract implant L8603
wound dressing A6020
Collar, cervical
multiple post L0180-L0200
nonadjust (foam) L0120
Collection device for nebulizer K0177
Coly-Mycin M J0770
Comfort items A9190
Commode E0160-E0175
lift E0625
pail E0167
seat, wheelchair E0968
Compa-Z J0780
Compazine J0780
Composite dressing A6200-A6205
Compressed gas system E0424-E0480, L3902
Compression bandage A4460
Compression stockings L8100-L8239
Compressor E0565, E0570-E0572, E0650-E0652, E1375
filter, aerosol K0178-K0179

Concentrator, oxygen E1377-E1385
Conductivity meter, bath, dialysis E1550
Congo red, blood P2029
Contact layer A6206-A6208
Contact lens V2500-V2599
Continent device A5081, A5082
Continuous positive airway pressure (CPAP) device E0601
    compressor K0269
    intermittent assist E0452
    nasal application accessories K0184
Contraceptive
    cervical cap A4261
    intrauterine, copper J7300
    Levonorgestrel, implants and supplies A4260
Contracts, maintenance, ESRD A4890
Contrast material
    injection during MRI A4643
    low osmolar A4644-A4646
Cophene-B J0945
Cordarone J0282
Corgonject-5 ..... J0725
Corneal tissue processing V2785
Corrugated tubing, used with nebulizer K0175, K0176
Corset, spinal orthosis L0970-L0976
Corticorelin ovine triflutate Q2005
Corticotropin J0800
Cortisone acetate J0810
Cortone acetate J0810
Cortrosyn J0835
Corvert, see Ibutilide fumarate
Cosmegen J9120
Cosyntropin J0835
Cotranzine J0780
Counseling for control of dental disease D1310, D1320

Cover, wound
alginate dressing A6196-A6198
collagen dressing A6020
foam dressing A6209-A6214
hydrocolloid dressing K0234-K0239
hydrogel dressing A0242-A0248
specialty absorptive dressing A6251-A6256
CPAP (continuous positive airway pressure) device E0601
chin strap K0186
compressor K0269
filter K0188, K0189
headgear K0185
humidifier K0193, K0268
intermittent assist E0452, K0194
nasal application accessories K0183, K0184
tubing K0187
Cradle, bed E0280
Cromolyn sodium, inhalation solution, unit dose J7631
Crowns D2710-D2810, D2930-D2933, D4249, D6720-D6792
Crutches E0110-E0116
accessories A4635-A4637, K0102
Cryoprecipitate, each unit P9012
Crysticillin (300 A.S., 600 A.S.) J2510
CTLSO L1000-L1120, L0700, L0710
Cuirass E0457
Culture sensitivity study P7001
Cushion, wheelchair E0962-E0965, E0977
Cyanocobalamin cobalt CO57 ..... Q3012
Cycler dialysis machine E1594
Cyclophosphamide J9070-J9092
Cyclophosphamide, lyophilized J9093-J9097
Cyclophosphamide, oral J8530
Cyclosporine J7502, J7515, J7516
Cylinder tank carrier K0104
Cytarabine J9110
Cytarabine 100 ..... J9100
CytoGam J0850
Cytomegalovirus immune globulin (human) J0850

Cytosar-U J9100
Cytovene J1570
Cytoxan J9070-J9097, J8530

D

Dacarbazine J9130, J9140
Daclizumab J7513
Dactinomycin J9120
Dalalone J1100
Dalteparin sodium J1645
Daunorubicin citrate J9151
Daunorubicin, HCl J9150
DaunoXome, see Danorubicin HCl
Decadron J1100
Decadron phosphate J1100
Deca-Durabolin J2320-J2322
Decaject J1100
Decolone-50 ..... J2320
-100 ..... J2321
De-Comberol J0160
Decubitus care equipment E0176-E0199
Deferoxamine mesylate J0895
Defibrillator, external E0617
Dehist J0945
Deionizer, water purification system E1615
Deladumone (OB) J0900
Delatest J3120
Delatestadiol J0900
Delatestryl J3120, J3130
Delestrogen J0970
Delivery/set-up/dispensing A9901
Delta-Cortef J7510
Deltasone J7506
Demadex J3265
Demerol HCl J2175
Denileukin diftitox J9160

Dental procedures
adjunctive general services D9000-D9999
alveoloplasty D7310-D7320
analgesia D9230
diagnostic D0100-D0999
endodontics D3000-D3999
implant services D6000-D6199
maxillofacial D5900-D5999
orthodontics D8000-D8999
periodontics D4000-D4999
preventive D1000-D1999
prosthodontics, fixed D6200-D6999
prosthodontics, removable D5000-D5999
restorative D2000-D2999
Dentures D5110-D5899
DepAndro 100 . . . . . J1070
200 . . . . . J1080
Dep-Androgyn J0160
DepMedalone 40 . . . . . J1030
80 . . . . . J1040
Depo-estradiol cypionate J1000
Depogen J1000
Depoject J1030, J1040
Depo
-Medrol J1020, J1030, J1040
-Provera J1050, J1055
-Testadiol J1060
-Testosterone J1070, J1080, J1090
Depopred 40 . . . . . J1030
80 . . . . . J1040
Depotest J1070, J1080
Depotestogen J1060
Desferal mesylate J0895
Desmopressin acetate J2597
Detector, blood leak, dialysis E1560
Device, water collection (for nebulizer) K0177
Dexacen-4 . . . . . J1100
Dexamethasone acetate J1095
Dexamethasone, inhalation solution, concentrated J7637

Dexamethasone, inhalation solution, unit dose J7638
Dexamethasone sodium phosphate J1100
Dexasone J1100
Dexferrum (Iron dextran) J1750
Dexone J1100
Dexrazoxane hydrochloride J1190
Dextran J7100
Dextrose
saline (normal) J7042
water J7060, J7070
Dextrostick A4772
D.H.E. 45 ..... J1110
Diagnostic
dental services D0100-D0999
radiology services R0070-R5999
Dialysate concentrate additives A4765
Dialysate solution A4700, A4705
Dialysate testing solution A4760
Dialysis
air bubble detector E1530
bath conductivity, meter E1550
continuous ambulatory peritoneal dialysis (CAPD) supply kit A4900
continuous cycling peritoneal dialysis (CCPD) supply kit A4901
equipment E1510-1702
filter A4680
fluid barrier E1575
forceps A4910
kit A4820, A4914
measuring cylinder A4921
pressure alarm E1540
shunt A4740
supplies A4650-A4927
thermometer A4910
tourniquet A4910
unipuncture control system E1580
venous pressure clamp A4918

Dialyzer A4690
holder A4919
Diamox J1120
Diazepam J3360
Diazoxide J1730
Dibent J0500
Didronel J1436
Diethylstilbestrol diphosphate J9165
Diflucan injection (see Fluconazole) J1750
Digoxin J1160
Digoxin immune fab (ovine) Q2006
Dihydrex J1200
Dihydroergotamine mesylate J1110
Dilantin J1165
Dilaudid J1170
Dilocaine J2000
Dilomine J0500
Dilor J1180
Dimenhydrinate J1240
Dimercaprol J0470
Dimethyl sulfoxide (DMSO) J1212
Dinate J1240
Dioval (XX, 40) J0970, J1380, J1390
Diphenacen-50 . . . . . J1200
Diphenhydramine HCl J1200
Dipyridamole J1245
Disarticulation
lower extremities, prosthesis L5000-L5999
upper extremities, prosthesis L6000-L6692
Disotate J3520
Di-Spaz J0500
Disposable supplies, ambulance A0382, A0384, A0392-A0398
Distilled water (for nebulizer) K0182
Ditate-DS J0900
Diuril sodium J1205
D-med 80 . . . . . J1040
DMSO J1212
Dobutamine HCl J1250
Docetaxel J9170

Dolasetron mesylate J1260
Dolophine HCl J1230
Dome and mouthpiece (for nebulizer) A7016
Dommanate J1240
Dornase alpha, inhalation solution, unit dose form J7639
Doxil J9001
Doxorubicin HCl J9000, J9001
Drainage
bag A4347, A4357, A4358
board, postural E0606
bottle A5102
Dramamine J1240
Dramanate J1240
Dramilin J1240
Dramocen J1240
Dramoject J1240
Dressing (see also Bandage) A6020-A6406
alginate A6196-A6199
collagen A6020-A6024
composite A6203-A6205
contact layer A6206-A6208
foam A6209-A6215
gauze A6216-A6230, A6402-A6406
holder/binder A4462
hydrocolloid A6234-A6241
hydrogel A6242-A6248
specialty absorptive A6251-A6256
tape A4454, A6265
transparent film A6257-A6259
Droperidol J1790
and fentanyl citrate J1810
Dropper A4649
Drugs (see also Table of Drugs)
administered through a metered dose inhaler J3535
chemotherapy J8500-J9999
disposable delivery system, 5 ml or less per hour A4306
disposable delivery system, 50 ml or greater per hour A4305
immunosuppressive J7500-J7599

Drugs—*continued*
infusion supplies A4221, A4222, A4230-A4232
inhalation solutions J7608-J7699
not otherwise classified J3490, J7599, J7699, J7799, J8499, J8999, J9999
prescription, oral J8499, J8999
Dry pressure pad/mattress E0179, E0184, E0199
DTIC-Dome J9130
Dua-Gen L.A. J0900
Durable medical equipment (DME) . . . . . E0100-E1830, K Codes
Duracillin A.S. J2510
Duraclon, see Clonidine
Duragen (-10, -20, -40) J0970, J1380, J1390
Duralone-40 . . . . . J1030
-80 . . . . . J1040
Duralutin J1741
Duramorph J2275
Duratest-100 . . . . . J1070
-200 . . . . . J1080
Duratestrin J1060
Durathate-200 . . . . . J3130
Dymenate J1240
Dyphylline J1180

E

Echocardiography injectable contrast material A9700
Edetate calcium disodium J0600
Edetate disodium J3520
Eggcrate dry pressure pad/mattress E0179, E0184, E0199
Elastic
bandage A4460
gauze A6263, A6405
Elavil J1320
Elbow
disarticulation, endoskeletal L6450
orthosis (EO) E1800, L3700-L3740, L3760
protector E0191
Electrical work, dialysis equipment A4870

Electrocardiogram strips,
monitoring G0004-G0007
physician interpretation G0016
tracing G0015
transmission G0015, G0016
Electrodes, per pair A4556
Elevating leg rest K0195
Ellence J9180
Elliots b solution Q2002
Elspar J9020
Emergency transportation A0050, A0225, A0302, A0308, A0310, A0322, A0328, A0330, A0342, A0348, A0350, A0362, A0368, A0370
Emete-Con J0510
EMG E0746
Eminase J0350
Enbrel J1438
Endarterectomy, chemical M0300
Endodontic procedures D3000-D3999
periapical services D3410-D3470
pulp capping D3110, D3120
root canal therapy D3310-D3353
Endoscope sheath A4270
Endoskeletal system, addition L5925
Enovil J1320
Enoxaparin sodium J1650
Enteral
feeding supply kit (syringe) (pump) (gravity) B4034-B4036
formulae B4150-B4156
nutrition infusion pump (with alarm) (without) B9000, B9002
Epinephrine J0170
Epirubicin HCl J9180
Epoetin alpha, for non ESRD use Q0136
Epoprostenol J1325
Ergonovine maleate J1330
Erythromycin gluceptate J1362
Erythromycin lactobionate J1364

ESRD (End Stage Renal Disease; see also Dialysis)
machines and accessories E1510-E1699
plumbing A4870
services E1510-E1699
supplies A4650-A4927
Estra-D J1000
Estradiol J1000, J1060
cypionate and testosterone cypionate J1060
L.A. J0970, J1380, J1390
L.A. 20 ..... J0970, J1380, J1390
L.A. 40 ..... J0970, J1380, J1390
valerate and testosterone enanthate J0900
Estra-L (20, 40) J0970, J1380, J1390
Estra-Testrin J0900
Estro-Cyp J1000
Estrogen conjugated J1410
Estroject, L.A. J1000
Estrone (5, Aqueous) J1435
Estronol J1435
-L.A. J1000
Ethanolamine oleate Q2007
Ethylnorepinephrine HCl J0590
Ethyol, see Amifostine
Etidronate disodium J1436
Etopophos, see Etoposide
Etoposide J9181, J9182
Etoposide, oral J8560
Everone J3120, J3130
Examination, oral D0120-D0160
Exercise equipment A9300
External
ambulatory infusion pump E0781, E0784
power, battery components L7360-L7499
power, elbow L7160-L7191
urinary supplies A4356-A4359
Extractions (see also Dental procedures) D7110-D7130, D7250
Extraoral films D0250, D0260
Extremity belt/harness E0945

Eye
lens (contact) (spectacle) V2100-V2615
prosthetic V2623-V2629
service (miscellaneous) V2700-V2799

F

Faceplate, ostomy A4361, K0428
Face tent, oxygen A4619
Factor VIII, anti-hemophilic factor J7190-J7192
Factor IX J7194, Q0160, Q0161
Factrel J1620
Fecal leukocyte examination G0026
Fentanyl citrate J3010
Fentanyl citrate and droperidol J1810
Fern test Q0114
Filgrastim (G-CSF) J1440, J1441
Filler, wound
alginate dressing A6199
foam dressing A6215
hydrocolloid dressing A6240, A6241
hydrogel dressing A6248
not elsewhere classified A6261, A6262
Film, transparent (for dressing) A6257-A6259
Filter
aerosol compressor A7014
CPAP device K0188, K0189
dialysis carbon A4680
ostomy A4368
tracheostoma A4481
ultrasonic generator A7014
Fistula cannulation set A4730
Flexoject J2360
Flexon J2360
Flolan, see Epoprostenol
Flowmeter E0440, E0555, E0580
Floxuridine J9200
Fluconazole, injection J1450

Fludara J9185
Fludarabine phosphate J9185
Fluid barrier, dialysis E1575
Fluoride treatment D1201-D1205
Fluorouracil J9190
Fluphenazine decanoate J2680
Foam dressing A6209-A6215
Foam pad adhesive A5126
Folding walker E0135, E0143
Folex J9260
    PFS J9260
Foley catheter A4312-A4316, A4338-A4346
Follutein J0725
Fomepizole Q2008
Fomivirsen sodium intraocular J1452
Footdrop splint L4398
Footplate E0175, E0970
Footwear, orthopedic L3201-L3265
Forceps, dialysis A4910
Forearm crutches E0110, E0111
Foscarnet sodium J1455
Foscavir J1455
Fosphenytoin Q2009
Fracture
    bedpan E0276
    frame E0920, E0930, E0946-E0948
    orthosis L2102-L2136, L3980-L3986
    orthotic additions L2180-L2192, L3995
Fragmin, see Dalteparin sodium
Frames (spectacles) V2020, V2025
FUDR J9200
Fungizone intravenous, see Amphotericin B
Furomide MD J1940
Furosemide J1940

G

Gadolinium A4647

Gallium Ga67 ..... Q3002
Gamastan J1460-J1561
Gamma globulin J1460-J1561
Gammar J1460-J1561
Gamulin RH J2790
Gangciclovir, implant J7310
Ganciclovir sodium J1570
Garamycin J1580
Gas system
    compressed E0424, E0425
    gaseous E0430, E0431, E0441, E0443
    liquid E0434-E0440, E0442, E0444
Gastrostomy/jejunostomy tubing B4084
Gastrostomy tube B4085
Gauze (see also Bandage)
    elastic A6263, A6405
    impregnated A6222-A6233, A6266
    nonelastic A6264, A6406
    nonimpregnated A6216-A6221, A6402-A6404
Gel
    conductive A4558
    pressure pad E0178, E0185, E0196
Gemcitabine HCl J9201
Gemzar, see Gemcitabine HCl
Generator
    implantable neurostimulator E0751
    ultrasonic with nebulizer E0574
Gentamicin (Sulfate) J1580
Gentran J7100, J7110
Gesterol 50 ..... J2675
    L.A. 250 ..... J1741
Gingival procedures D4210-D4240
Glasses
    air conduction V5070
    binaural V5120-V5150
    bone conduction V5080
    frames V2020, V2025
    hearing aid V5230
Glatiramer acetate Q2010

Gloves, dialysis A4927
Glucagon HCl J1610
Glucose test strips A4253, A4772
Glukor J0725
Gluteal pad L2650
Glycopyrrolate, inhalation solution, concentrated J7642
Glycopyrrolate, inhalation solution, unit dose J7643
Gold foil dental restoration D2410-D2430
Gold sodium thiomalate J1600
Gomco drain bottle A4912
Gonadorelin HCl J1620
Gonic J0725
Goserelin acetate implant (see also Implant) J9202
Grab bar, trapeze E0910, E0940
Grade-aid, wheelchair E0974
Granisetron HCl J1626
Gravity traction device E0941
Gravlee jet washer A4470
Gynogen J1380, J1390
L.A. (10, 20, 40) J0970, J1380, J1390

H

Hair analysis (excluding arsenic) P2031
Haldol J1630
Decanoate (-50, -100) J1631
Hallus-Valgus dynamic splint L3100
Hallux prosthetic implant L8642
Haloperidol J1630
decanoate J1631
Halo procedures L0810-L0860
Halter, cervical head E0942
Hand restoration L6900-L6915
partial prosthesis L6000-L6020
orthosis (WHFO) E1805, E1825, L3800-L3805, L3900-L3954
rims, wheelchair E0967
Hand finger orthosis, prefabricated L3923
Handgrip (cane, crutch, walker) A4636

Harness E0942, E0944, E0945
Harvard pressure clamp, dialysis A4920
Headgear (for positive airway pressure device) K0185
Hearing devices V5000-V5299, L8614
Heat
application E0200-E0239
lamp E0200, E0205
pad E0210, E0215, E0237, E0238, E0249
Heater (nebulizer) E1372
Heel
elevator, air E0370
protector E0191
shoe L3430-L3485
stabilizer L3170
Helicopter, ambulance (see Ambulance)
Helmet, cervical L0100, L0110
Hemin Q2011
Hemi-wheelchair E1083-E1086
Hemipelvectomy prosthesis L5280, L5340
Hemodialysis
kit A4820
machine E1590
Hemodialyzer, portable E1635
Hemofil M J7190
Hemoglobin Q0116
Hemophilia clotting factor J7190-J7198
Hemophilia clotting factor, NOC J7199
Hemostats A4850
Hemostix A4773
Heparin infusion pump, dialysis E1520
Heparin lock flush J1642
Heparin sodium A4800, J1644
Hep-Lock (U/P) J1642
Herceptin J9355
Hexadrol phosphate J1100
Hexalite A4590
Hip
disarticulation prosthesis L5250, L5270, L5330
orthosis (HO) L1600-L1690

Hip-knee-ankle-foot orthosis (HKAFO) L2040-L2090
Histaject J0945
Histerone (-50, -100) J3140
Histrelin acetate Q2020
HKAFO L2040-L2090
HN2 ..... J9230
Hot water bottle E0220
Humidifier E0550-E0560, K0268
Hyalgan J7315
Hyaluronate sodium J7315
Hyaluronidase J3470
Hyate J7191
Hybolin decanoate J2321
    improved J0340
Hycamtim, see Topotecan
Hydeltra-TBA J1690
Hydeltrasol J2640
Hydralazine HCl J0360
Hydrate J1240
Hydraulic patient lift E0630
Hydrochlorides of opium alkaloids J2480
Hydrocollator E0225, E0239
Hydrocolloid dressing A6234-A6241
Hydrocortisone
    acetate J1700
    sodium phosphate J1710
    sodium succinate J1720
Hydrocortone
    acetate J1700
    phosphate J1710
Hydrogel dressing A6231-A6233, A6242-A6248
Hydromorphone J1170
Hydroxyprogesterone Caproate J1739, J1741
Hydroxyzine HCl J3410
Hylan G-F 20 ..... J7320
Hylutin J1741
Hyoscyamine sulfate J1980
Hyperbaric oxygen chamber, topical A4575
Hyperstat IV J1730

Hyper-Tet J1670
Hypertonic saline solution J7130
HypRho-D J2790
Hyprogest 250 ..... J1741
Hyrexin-50 ..... J1200
Hyzine-50 ..... J3410

I

Ibutilide Fumarate J1742
Ice
  cap E0230
  collar E0230
Idamycin J9211
Idarubicin HCl J9211
Ifex J9208
Ifosfamide J9208
Ilotycin Gluceptate J1362
Imferon J1760-J1780
Imiglucerase J1785
Imipramine HCl J3270
Imitrex J3030
Immune globulin intravenous J1561-J1563
Immunosuppressive drug, not otherwise classified J7599
Implant
  access system A4301
  aqeuous shunt L8612
  breast L8600
  cochlear L8614, L8619
  collagen, urinary tract L8603
  contraceptive A4260
  ganciclovir J7310
  hallux L8642
  indium III-In pentetrotide Q3008
  infusion pump, programmable E0783, E0786
  joint L8630, L8641, L8658
  lacrimal duct A4262, A4263
  maintenance procedures D6080

Implant—*continued*
maxillofacial D5913-D5937
metacarpophalangeal joint L8630
metatarsal joint L8641
neurostimulator electrodes/leads E0753
neurostimulator pulse generator E0756
neurostimulator radiofrequency reciever E0757
not otherwise specified L8699
ocular L8610
ossicular L8613
osteogenesis stimulator E0749
percutaneous access system A4301
removal, dental D6100
repair, dental D6090
replacement implantable intraspinal catheter E0785
synthetic urinary L8606
urinary tract L8603, L8606
vascular graft L8670
Impregnated gauze dressing A6222-A6230, K0535-K0537
Imuran J7500, J7501
Inapsine J1790
Incontinence
appliances and supplies A4310-A4355, A4356-A4359, A5071-A5075, A5102-A5114, K0280, K0281
treatment system E0740
Inderal J1800
Indium IN 111 carpromab pendetide A9507
Indwelling catheter insertion G0002
Infed (iron dextran) J1760-J1780
Infergen J9212
Infliximab injection J1745
Infusion
pump, ambulatory, with administrative equipment E0781
pump, heparin, dialysis E1520
pump, implantable E0782, E0783
pump, implantable, refill kit A4220
pump, insulin E0784
pump, mechanical, reusable E0779, E0780

Infusion—*continued*
pump, uninterrupted infusion of Epiprostenol K0455
supplies A4221, A4222, A4230-A4232,
therapy, other than chemotherapeutic drugs Q0081
Inhalation solution (see also drug name) J7608-J7699
Injections (see also drug name) J0120-J7320
contrast material, during MRI A4643
dental service D9610, D9630
supplies for self-administered A4211
Inlay/onlay dental restoration D2510-D2664
Innovar J1810
Insertion, indwelling catheter G0002
Insertion tray A4310-A4316
Insulin J1820
Integrilin injection J1327
Interferon
Alpha J9212-J9215
Beta-1 a J1825
Beta-1 B J1830
Gamma J9216
Intermittent
assist device with CPAP K0532-K0534
peritoneal dialysis system E1592
positive pressure breathing (IPPB) machine E0500
Interphalangeal joint, prosthetic implant L8658
Interscapular thoracic prosthesis
endoskeletal L6570
upper limb L6350-L6370
Intraocular lenses V2630-V2632
Intraoral radiographs, dental D0210-D0240
Intrauterine copper contraceptive J7300
Intron A J9214
Iobenguane sulfate I-131 ..... A9508
Iodine swabs/wipes A4247
IPD
supply kit A4905
system E1592
IPPB machine E0500
Ipratropium bromide, inhalation solution, unit dose J7644

Irinotecan J9206
Iron Dextran J1750
Irrigation/evacuation system, bowel
control unit E0350
disposable supplies for E0352
Irrigation supplies ..... A4320-A4323, A4355 ..... A4397-A4400
for bladder calculi Q2004
Isocaine HCl J0670
Isoetharine HCl, inhalation solution, concentrated J7648
Isoetharine HCl, inhalation solution, unit dose J7649
Isolates B4150, B4152
Isoproterenol HCl, inhalation solution, concentrated J7658
Isoproterenol HCl, inhalation solution, unit dose J7659
IV pole, each E0776, K0105

J

Jacket
body (LSO) (spinal) L0500-L0565
scoliosis L1300, L1310
Jenamicin J1580
Joint supportive device/garment A4464

K

Kabikinase J2995
Kaleinate J0610
Kanamycin sulfate J1840, J1850
Kantrex J1840, J1850
Kartop patient lift, toilet or bathroom (see also Lift) E0625
Keflin J1890
Kefurox J0697
Kefzol J0690
Kenaject -40 ..... J3301
Kenalog (-10, -40) J3301
Kestrone-5 ..... J1435
Ketorolac thomethamine J1885

Key-Pred-SP J2640
-25, -50 ..... J2650
K-Flex J2360
Kidney
ESRD supply A4650-A4927
system E1510
wearable artificial E1632
Kits
continuous ambulatory peritoneal dialysis (CAPD) A4900
continuous cycling peritoneal dialysis (CCPD) A4901
dialysis A4820, A4910, A4914
enteral feeding supply (syringe) (pump) (gravity) B4034-B4036
fistula cannulation (set) A4730
intermittent peritoneal dialysis (IPD) supply A4905
parenteral nutrition B4220-B4224
surgical dressing (tray) A4550
tracheostomy A4625
Klebcil J1840, J1850
Knee
disarticulation, prosthesis L5150, L5160
joint, miniature L5826
orthosis (KO) E1810, L1800-L1885
Knee-ankle-foot orthosis (KAFO) L2000-L2039, L2122-L2136
Koate (-HS, HT) J7190
Kogenate J7192
Konakion J3430
Konyne-HT J7194
Kutapressin J1910
Kyphosis pad L1020, L1025
Kytril, see Granisetron HCl

L

Laboratory tests
- chemistry P2028-P2038
- microbiology P7001
- miscellaneous P9010-P9615, Q0111-Q0115
- toxicology P3000-P3001, Q0091

Lacrimal duct implant
- permanent A4263
- temporary A4262

Lactated Ringer's infusion J7120
LAE 20 ..... J0970, J1380, J1390
Laetrile J3570
Lancet A4258, A4259
Lanoxin J1160
Largon J1930
Larynx, artificial L8500
Lasix J1940
L-Caine J2000
Lead wires, per pair A4557
Lederle J8610
Leg
- bag A4358, A5105, A5112
- extensions for walker E0158
- rest, elevating K0195
- rest, wheelchair E0990
- strap, replacement A5113-A5114

Legg Perthes orthosis L1700-L1755
Lens
- aniseikonic V2118, V2318
- contact V2500-V2599
- eye V2100-V2615, V2700-V2799
- intraocular V2630-V2632
- low vision V2600-V2615
- progressive V2781

Lepirudin Q2021
Leucovorin calcium J0640
Leukocyte examination, fecal G0026

Leukocyte poor blood, each unit P9016
Leuprolide acetate J9217, J9218, J9219, J1950
Leustatin J9065
Levabuterol HCl (see Albuterol)
Levaquin I.U. J1956
Levocarnitine J1955
Levo-Dromoran J1960
Levofloxacin J1956
Levonorgestrel, (contraceptive), implants and supplies A4260
Levoprome J1970
Levorphanol tartrate J1960
Levsin J1980
Librium J1990
Lidocaine HCl J2000
Lidoject (-1,-2) J2000
Lift
    patient (includes seat lift) E0621-E0635
    shoe L3300-L3334
Lincocin J2010
Lincomycin HCl J2010
Lioresal J0475
Liquaemin Sodium J1644
Liquid barrier, ostomy A4363
LMD, 10% J7100
Lodging, recipient, escort nonemergency transport A0180, A0200
Lorazepam J2060
LSO L0500-L0565
Lovenox J1650
Lubricant A4402, A4332
Lufyllin J1180
Lumbar flexion L0540
Lumbar-sacral orthosis (LSO) L0500-L0565
Luminal sodium J2560
Lupron J9218
Lupron depot J1950
Lymphocyte immune globulin J7504

M

Magnesium sulphate J3475
Maintenance contract, ESRD A4890
Manipulation of spine, chiropractic A2000
Mannitol J2150
Marmine J1240
Mask
    aerosol K0180
    oxygen A4620, A4621
Mastectomy
    bra L8000
    form L8020
    prosthesis L8030, L8600
    sleeve L8010
Mattress
    air pressure E0186
    alternating pressure E0277
    dry pressure E0184
    gel pressure E0196
    hospital bed E0271, E0272
    non-powered, pressure reducing E0373
    overlay E0371-E0372
    powered, pressure reducing E0277
    water pressure E0187
Measuring cylinder, dialysis A4921
Mechlorethamine HCl J9230
Medical and surgical supplies A4206-A8999
Medralone 40 ..... J1030
    80 ..... J1040
Medrol J7509
Medroxyprogesterone acetate J1050, J1055
Mefoxin J0694
Melphalan HCl J9245
Melphalan, oral J8600
Mepergan (injection) J2180
Meperidine J2175
Meperidine and promethazine J2180

Mephentermine sulfate J3450
Mepivacaine HCl J0670
Mesna J9209
Mesnex J9209
Metabolically active tissue Q0184
Metabolically active D/E tissue Q0185
Metacarpophalangeal joint, prosthetic implant L8630
Metaproterenol sulfate, inhalation solution, concentrated J7668
Metaproterenol sulfate, inhalation solution, unit dose J7669
Metaraminol bitartrate J0380
Metastron J3005
Metatarsal joint, prosthetic implant L8641
Meter, bath conductivity, dialysis E1550
Methadone HCl J1230
Methergine J2210
Methicillin sodium J2970
Methocarbamol J2800
Methotrexate, oral J8610
Methotrexate sodium J9250, J9260
Methotrimeprazine J1970
Methoxamine J3390
Methyldopate HCl J0210
Methylergonovine maleate J2210
Methylprednisolone
    acetate J1020-J1040
    oral J7509
    sodium succinate J2920, J2930
Metoclopramide HCl J2765
Metocurine iodide J2240
Metubine iodide J2240
Miacalcin J0630
Microbiology test P7001
Midazolam HCl J2250
Mileage, ambulance A0380, A0390
Mini-bus nonemergency transportation A0120
Milrinone lactate J2260
Mitomycin J9280-J9291
Mitoxantrone HCl J9293
Modalities, with office visit M0005-M0008

Moisture exchange for use with invasive mechanical ventilation A4483
Moisturizer, skin. A6250
Monarc-M (American Red Cross product) J7190
Monitor
apnea E0608
blood glucose. E0607, E0609
blood pressure A4670
pacemaker E0610, E0615
Monitoring and recording, EKG. G0004-G0007
Monoclate J7190
Monoclonal antibodies. J7505
Mononine Q0160
Morphine sulfate J2270, J2271
sterile, preservative-free J2275
Mouthpiece (for respiratory equipment). A4617
and dome (for nebulizer) K0181
M-Prednisol-40. . . . . J1030
-80 . . . . . J1040
MRI contrast material A4643
Mucoprotein, blood P2038
Multiple post collar, cervical L0180-L0200
Multi-podus type AFO. L4396
Muromonab-CD3 . . . . . J7505
Muse J0275
Mutamycin J9280
Mycophenolate mofetil J7517
Myleran. J8510
Myochrysine. J1600
Myolin. J2360

N

Nalbuphine HCl J2300
Naloxone HCl. J2310
Nandrobolic L.A. J2321
Nandrolone
decanoate J2320-J2322
phenpropionate J0340

Naropin (see Ripovacaine HCl)
Narrowing device, wheelchair E0969
Nasahist B J0945
Nasal application device K0183
Nasal pillows/seals (for nasal application device) K0184
Nasal vaccine inhalation J3530
Nasogastric tubing B4081, B4082
Navane J2330
ND Stat J0945
Nebcin J3260
Nebulizer E0570-E0585
aerosol compressor E0571
aerosol mask A7015
corrugated tubing, disposable A7010
corrugated tubing, non-disposable A7011
distilled water K0182
drug dispensing fee E0590
filter, disposable A7013
filter, non-disposable A7014
heater E1372
large volume, disposable, prefilled A7008
large volume, disposable, unfilled A7007
not used with oxygen, durable, glass A7017
pneumatic, administration set A7003, A7005, A7006
pneumatic, nonfiltered A7004
portable E0570
small volume A7003-A7005
ultrasonic E0575
ultrasonic, dome and mouthpiece A7016
ultrasonic, reservoir bottle, non-dispoable A7009
water collection device, large volume nebulizer A7012
NebuPent J2545
Needle A4215
dialysis A4655
non-coring A4212
with syringe A4206-A4209
Negative pressure wound therapy pump K0538
Nembutal sodium solution J2515
Neocyten J2360

Neo-Durabolic J2320-J2322
Nenonatal transport, ambulance, base rate A0225
Neoquess J0500
Neosar J9070-J9092
Neostigmine methysulfate J2710
Neo-Synephrine J2370
Nerve stimulator with batteries E0765
Nervocaine (1%, 2%) J2000
Nesacaine MPF J2400
Neumega J2355
Neuromuscular stimulator E0745
Neurostimulator
electrodes E0753
pulse generator E0756
receiver E0757
transmitter E0758
Neutrexin J3305
Niacin J2350
Niacinamide J2350
Nicotinamide J2350
Nicotinic Acid J2350
Nipent J9268
Nitrogen mustard J9230
Nonchemotherapy drug, oral, NOS J8499
Noncovered services A9160, A9170, A9270
Nonelastic gauze A6264, A6406
Nonemergency transportation A0080-A0210
Nonimpregnated gauze dressing A6216-A6221, A6402-A6404
Nonmetabolic active tissue Q0183
Nonprescription drug A9150
Nordryl J1200
Norflex J2360
Norzine J3280
Not otherwise classified drug J3490, J7599, J7699, J7799, J8499, J8999, J9999, Q0181
Novantrone J9293
NPH J1820
NTIOL category 1 ..... Q1001
NTIOL category 2 ..... Q1002

NTIOL category 3 ..... Q1003
NTIOL category 4 ..... Q1004
NTIOL category 5 ..... Q1005
Nulicaine J2000
Numorphan H.P. J2410
Nutrition
    counseling, dental D1310, D1320
    enteral infusion pump B9000, B9002
    parenteral infusion pump B9004, B9006
    parenteral solution B4164-B5200

O

Obturator prosthesis
    definitive D5932
    interim D5936
    surgical D5931
Occipital/mandibular support, cervical L0160
Ocular prosthetic implant L8610
Oculinum J0585
O-Flex J2360
Ominpen-N J0290
Oncaspar J9266
Oncovin J9370
Ondansetron HCl J2405
One arm, drive attachment K0101
Opium alkaloids, hydochlorides of J2480
Oprelvekin J2355
O & P supply/accessory/service L9900
Oral
    and maxillofacial surgery D7000-D7999
    examination D0120-D0160
Oraminic II J0945
Ormazine J3230
Oropharyngeal suction catheter A4628
Orphenadrine J2360
Orphenate J2360
Orthodontics D8000-D8999

Orthopedic shoes
arch support L3040-L3100
footwear L3201-L3265
insert L3000-L3030
lift L3300-L3334
miscellaneous additions L3500-L3595
positioning device L3140-L3170
transfer L3600-L3649
wedge L3340-L3420
Orthotic additions
carbon graphite lamination L2755
fracture L2180-L2192, L3995
halo L0860
lower extremity L2200-L2999, L4320
ratchet lock L2430
scoliosis L1010-L1120, L1210-L1290
shoe L3300-L3595, L3649
spinal L0970-L0984
upper extremity joint L3956
upper limb L3810-L3890, L3970-L3974, L3995
Orthotic devices
ankle-foot (AFO; see also Orthopedic shoes) E1815, E1830, L1900-1990, L2102-L2116, L3160
anterior-posterior L0320, L0330, L0530
anterior-posterior-lateral L0520, L0550-L0565 L0700, L0710
anterior-posterior-lateral-rotary L0340-L0440
cervical L0100-L0200
cervical-thoracic-lumbar-sacral (CTLSO) L0700, L0710
elbow (EO) E1800, L3700-L3740
fracture L2102-L2136, L3980-L3986
halo L0810-L0830
hand, (WHFO) E1805, E1825, L3800, L3805, L3807, L3900-L3954

Orthotic devices—*continued*
hand finger, prefabricated L3923
hip (HO) L1600-L1690
hip-knee-ankle-foot (HKAFO) L2040-L2090
interface material E1820
knee (KO) E1810, L1800-L1885
knee-ankle-foot (KAFO; see also Orthopedic shoes) L2000-L2038, L2122-L2136
Legg Perthes L1700-L1755
lumbar flexion L0540
lumbar-sacral (LSO) L0500-L0565
multiple post collar L0180-L0200
not otherwise specified ..... L0999, L1499, L2999, L3999 ..... L5999, L7499, L8039, L8239
pneumatic splint L4350-L4380
repair or replacement L4000-L4210
replace soft interface material L4390-L4394
sacroiliac L0600-L0620
scoliosis L1000-L1499
shoe, see Orthopedic shoes
shoulder (SO) L3650-L3675
shoulder-elbow-wrist-hand (SEWHO) L3960-L3969
spinal, cervical L0100-L0200
spinal, DME K0112-K0116
thoracic L0210
thoracic-hip-knee-ankle (THKO) L1500-L1520
thoracic-lumbar-sacral (TLSO) L0300-L0440
toe E1830
torso supports L0900-L0960
wrist-hand-finger (WHFO) ..... E1805, E1825, L3800, L3805, ... L3900-L3954
Or-Tyl J0500
Ossicular prosthetic implant L8613
Osteogenesis stimulator E0747-E0749, E0760
Osteotomy, segmented or subapical D7944

Ostomy
accessories A5093
belt A4396
supplies A4361-A4421, A5051-A5149
Oxacillin sodium J2700
Oxygen
ambulance A0422
catheter, transtracheal A7018
chamber, hyperbaric, topical A4575
concentrator E1390
mask A4620, A4621
medication supplies A4611-A4627
rack/stand E1355
regulator E1353
respiratory equipment/supplies A4611-A4627, E0424-E0480
supplies and equipment E0425-E0444, E0455
tent E0455
tubing A4616
water vapor enriching system E1405, E1406
Oxymorphone HCl J2410
Oxytetracycline HCl J2460
Oxytocin J2590

P

Pacemaker monitor E0610, E0615
Paclitaxel J9265
Pad
gel pressure E0178, E0185, E0196
heat E0210, E0215, E0217, E0238, E0249
orthotic device interface E1820
sheepskin E0188, E0189
water circulating cold with pump E0218
water circulating heat with pump E0217
water circulating heat unit E0249
wheelchair, low pressure & positioning E0192
Pail, for use with commode chair E0167
Palate, prosthetic implant L8618

Pamidronate disodium J2430
Pan, for use with commode chair E0167
Panglobulin (American Red Cross product) J1561
Pantopon J2480
Papanicolaou (Pap) screening smear P3000, P3001, Q0091
Papaverine HCl J2440
Paraffin A4265
Paraffin bath unit E0235
Paramagnetic contrast material, (Gadolinium) A4647
Paramedic intercept, rural Q0186
Paraplatin J9045
Parenteral nutrition
  administration kit B4224
  pump B9004, B9006
  solution B4164-B5200
  supply kit B4220, B4222
Parking fee, nonemergency transport A0170
Paste, conductive A4558
Patella, prosthetic implant L8640
Pathology and laboratory tests, miscellaneous P9010-P9615
PEFR, peak expiratory flow rate meter A4614
Pegademase, bovine Q2012
Pegaspargase J9266
Pelvic belt/harness/boot E0944
Penicillin
  G benzathine/G benzathine and penicillin G procaine J0530-J0580
  G potassium J2540
  G procaine, aqueous J2510
Pentagastrin J2512
Pentamidine isethionate J2545
Pentastarch, 10% solution Q2013
Pentazocine, HCl J3070
Pentobarbital sodium J2515
Pentostatin J9268
Peptavlon J2512
Percussor E0480
Percutaneous access system A4301
Periapical service D3410-D3470

Periodontal procedures D4000-D4999
Permapen J0560-J0580
Peroneal strap L0980
Peroxide A4244
Perphenazine J3310
Persantine J1245
Personal comfort item A9190
Pessary A4561, A4562
PET myocardial perfusion imaging G0030-G0047
Pfizerpen J2540
A.S. J2510
Phenazine (25, 50) J2550
Phenergan J2550
Phenobarbital sodium J2560
Phentolamine mesylate J2760
Phenylephrine HCl J2370
Phenytoin sodium J1165
Phisohex solution A4246
Photofrin, see Porfimer sodium
Phototherapy light E0202
Phytonadione J3430
Pillow, cervical E0943
Pin retention (per tooth) D2951
Pinworm examination Q0113
Pitocin J2590
Plasma
protein fraction P9018
single donor, fresh frozen P9017
multiple donor, pooled, frozen P9023
Plastazote L3002, L3252, L3253, L3265, L5654-L5658
Platelet
concentrate, each unit P9019
rich plasma, each unit P9020
Platform attachment
forearm crutch E0153
walker E0154
Platinol J9062
Plicamycin J9270

Plumbing, for home ESRD equipment A4870
Pneumatic
appliance E0655-E0673, L4350-L4380
compressor E0650-E0652
splint L4350-L4380
tire, wheelchair E0953
Pneumatic nebulizer
administration set, small volume, filtered A7006
administration set, small volume, nonfiltered A7003
administration set, small volume, nonfiltered, non-disposable A7005
small volume, disposable A7004
Podiatric service, noncovered A9160
Polocaine J0670
Polycillin-N J0290
Polygam SD (American Red Cross product) J1563
Pontics D6210-D6252
Porfimer J9600
Portable
equipment transfer R0070-R0076
hemodialyzer system E1635
nebulizer E1375
x-ray equipment Q0092
Post-coital examination Q0115
Post-voiding residual, ultrasound G0050
Postural drainage board E0606
Potassium chloride J3480
Potassium hydroxide (KOH) preparation Q0112
Pouch
fecal collection A4330
ostomy A4375-A4378, A5051-A5054, A5061-A5065,
urinary A4379-A4383, A5071-A5075
Pralidoxime chloride J2730
Predaject-50 ..... J2650
Predalone-50 ..... J2650
TBA J1690
Predcor (-25,-50) J2650
Predicort-50 ..... J2650

Prednisolone
acetate J2650
oral J7506, J7510
sodium phosphate J2640
tebutate J1690
Prednisol TBA J1690
Prednisone J7506
Prefabricated crown D2930-D2933
Pregnyl J0725
Premarin IV J1410
Preparation kits, dialysis A4914
Preparatory prosthesis L5510-L5595
Prescription drug
chemotherapy J8999
nonchemotherapy J8499
Pressure
alarm, dialysis E1540
pad A4640, E0176-E0199
Preventive dental procedures D1000-D1999
Primacor J2260
Primaxin J0743
Priscoline HCl J2670
Procainamide HCl J2690
Prochlorperazine J0780
Pro-Depo J1739, J1741
Profasi HP J0725
Profilnine Heat-Treated J7194
Progestaject J2675
Progesterone J2675
Prograf J7507, J7508
Prolastin J0256
Proleukin J9015
Prolixin decanoate J2680
Prolotherapy M0076
Promazine HCl J2950
Promethazine HCl J2550
Promethazine and meperdine J2180
Pronestyl J2690
Propiomazine J1930

Proplex (-T and SX-T) J7194
Propranolol HCl J1800
Prorex (-25, -50) J2550
Prostaphlin J2690
Prosthesis
auricular D5914
breast L8000-L8035, L8600
eye L8610, L8611, V2623-V2629
fitting L5400-L5460, L6380-L6388
hand L6000-L6020
implants L8600-L8690
larynx L8500
lower extremity L5700-L5999, L8640-L8642
mandible L8617
maxilla L8616
maxillofacial, provided by a non-physician L8040-L8048
miscellaneous service L8499
obturator D5931-D5933, D5936
ocular V2623-V2629
repair of L7520, L8049
socks (shrinker, sheath, stump sock) L8400-L8485
taxes, orthotic/prosthetic/other L9999
upper extremity L6000-L6999
vacuum erection system L7900
Prosthetic additions
lower extremity L5610-L5999
upper extremity L6600-L7274
Prosthodontic procedure
fixed D6200-D6999
removable D5000-D5899
Prostigmin J2710
Protamine sulfate J2720
Protectant, skin A6250
Protector, heel or elbow E0191
Protirelin J2725
Protopam Chloride J2730
Prozine-50 ..... J2950
Pulp capping D3110, D3120
Pulpotomy D3220

vitality test D0460
Pump
alternating pressure pad E0182
ambulatory infusion E0781
ambulatory insulin E0784
blood, dialysis E1620
enteral infusion B9000, B9002
external infusion E0779
heparin infusion E1520
implantable infusion E0782, E0783
implantable infusion, refill kit A4220
infusion, supplies A4230-A4232, K0110-K0111
negative pressure wound therapy K0538
parenteral infusion B9004-B9006
suction, portable E0600
suction, supplies K0190-K0192
water circulating pad E0236
Purification system A4880, E1610, E1615

Q

Quad cane E0105
Quelicin J0330
Quinupristin/dalfopristin J2770

R

Rack/stand, oxygen E1355
Radial head, prosthetic implant L8620
Radioelements for brachytherapy Q3001
Radiofrequency transmitter E0758
Radiograph, dental D0210-D0340
Radiology service R0070-R0076
Radiopharmaceutical diagnostic imaging agent A4641, A4642, A9500, A9502, A9503, A9505, A9507, Q3002-Q3004
Radiopharmaceutical diagnostic imaging agent, technetium TC 99m apcitide A9504

Radiopharmaceutical, therapeutic A9600, A9605
Rail
bathtub E0241, E0242, E0246
bed E0305, E0310
toilet E0243
Rapamune (see Sirolimus)
Recement
crown D2920
inlay D2910
Reciprocating peritoneal dialysis system E1630
Red blood cells P9021, P9022
Redisol J3420
Reduction pneumoplasty G0061
Regitine J2760
Reglan J2765
Regular insulin J1820
Regulator, oxygen E1353
Relefact TRH J2725
Remicade J1745
Reo Pro J0130
Repair
contract, ESRD A4890
durable medical equipment E1340
maxillofacial prosthesis L8049
orthosis L4000-L4130
prosthetic L7500, L7510, K0285
Replacement
battery A4254, A4630, A4631
components, ESRD machine E1640
pad (alternating pressure) A4640
tanks, dialysis A4880
tip for cane, crutches, walker A4637
underarm pad for crutches A4635
Rep-Pred 40 . . . . . J1030
80 . . . . . J1040
Reservoir bottle (for ultrasonic nebulizer) K0174
Resin dental restorations D2330-D2387
RespiGam, see Respiratory syncytial virus immune globulin
Respiratory

heated humidifier used with PAP K0531
invasive assist with backup K0534
noninvasive assist with backup K0533
noninvasive assist without backup K0532
Respiratory syncytial virus immune globulin J1565
Restorative dental procedure D2000-D2999
Restraint, any type E0710
Retavase J2993
Reteplase J2993
Retrovir (see Zidovudine)
Rhesonativ J2790
Rho(D) immune globulin, human J2790, J2792
Rho-GAM J2790
Rib belt, thoracic A4572, L0210, L0220
Ringer's lactate infusion J7120
Ring, ostomy A4404
Rituxan J9310
Rituximab J9310
Robaxin J2800
Robin-Aids L6000, L6010, L6020, L6855, L6860
Rocephin J0696
Rocking bed E0462
Rollabout chair E1031
Root canal therapy D3310-D3353
Ropivacaine HCl J2795
Rubex J9000
Rubramin PC J3420

S

Sacral nerve stimulation test lead A4290
Sacroiliac orthosis L0600-L0620
Safety belt/pelvic strap, each K0031
Safety equipment E0700
vest, wheelchair E0980

Saline
hypertonic J7130
solution J7030-J7051, A4214, A4323
solution for use with inhalation drugs A7019
solution for use with large volume nebulizer A7020
Samarium SM 153 Lexidronamm A9605
Sandimmune K0418
Sandoglobulin (see Immune globulin intravenous)
Sandostatin Lar Depot J2352
Sargramostim (GM-CSF) J2820
Scale, dialysis A4910
Scissors, dialysis A4910
Scoliosis L1000-L1499
additions L1010-L1120, L1210-L1290
Sealant
skin A6250
tooth D1351
Seat
attachment, walker E0156
insert, wheelchair E0992
lift (patient) E0621, E0627-E0629
upholstery, wheelchair E0975
Secobarbital sodium J2860
Seconal J2860
Selestoject J0704
Semen analysis G0027
Sensitivity study P7001
Sermorelin acetate Q2014
Serum clotting time tube A4771
SEWHO L3960-L3974
Sheepskin pad E0188, E0189
Shoes
arch support L3040-L3100
for diabetics A5500-A5508, K0401
insert L3000-L3030
lift L3300-L3334
miscellaneous additions L3500-L3595
orthopedic L3201-L3265

Shoes—*continued*
positioning device L3140-L3170
transfer L3600-L3649
wedge L3340-L3485
Shoulder
disarticulation, prosthetic L6300-L6320, L6550
orthosis (SO) L3650-L3675
spinal, cervical L0100-L0200
spinal, DME K0112-K0116
Shoulder-elbow-wrist-hand orthosis (SEWHO) L3960-L3969
Shunt accessory for dialysis A4740
aqueous L8612
Sigmoidoscopy, cancer screening G0104, G0106
Silicate dental restoration D2210
Sinusol-B J0945
Sirolimus J7520
Sitz bath E0160-E0162
Skin
barrier, ostomy A4362, A4363, A4369-A4374, A4385-A5486
bond or cement, ostomy A4364
sealant, protectant, moisturizer A6250
test, collagen G0025
Sling A4565
patient lift E0621, E0630, E0635
Social worker, nonemergency transport A0160
Sock
body sock L0984
prosthetic sock L8420-L8435, L8470, L8480, L8485
stump sock L8470-L8485
Sodium
chloride injection J2912
ferric gluconate complex in sucrose J2915
hyaluronate J7315
phosphate P32 ..... Q3007
succinate J1720
Solganal J2910

Solu-Cortef J1710
Solu-Medrol J2920, J2930
Solurex J1100
Solution
calibrator A4256
dialysate A4700, A4705, A4760
elliots b Q2002
enteral formulae B4150-B4156
irrigation A4323
parenteral nutrition B4164-B5200
Somatrem Q2015
Somatropin Q2016
Sorbent cartridge, ESRD E1636
Sparine J2950
Spasmoject J0500
Specialty absorptive dressing A6251-A6256
Spectinomycin HCl J3320
Speech assessment V5362-V5364
Speech communication device E1900
Spinal orthosis
anterior-posterior L0320, L0330, L0530
anterior-posterior-lateral L0520, L0550-L0565
anterior-posterior-lateral-rotary L0340-L0440
cervical L0100-L0200
cervical-thoracic-lumbar-sacral (CTLSO) L0700, L0710
DME K0112-K0116
halo L0810-L0830
lumbar flexion L0540
lumbar-sacral (LSO) L0500-L0565
multiple post collar L0180-L0200
sacroiliac L0600-L0620
scoliosis L1000-L1499
torso supports L0900-L0960
Splint A4570, L3100, L4350-L4380
ankle L4390-L4398
dynamic E1800, E1805, E1810, E1815
footdrop L4398
Spoke protectors, each K0065
Staphcillin J2970

Sterile cefuroxime sodium J0697
Stilphostrol J9165
Stimulators
neuromuscular E0744, E0745
osteogenesis, electrical E0747-E0749
salivary reflex E0755
ultrasound E0760
Stomach tube B4083
Streptase J2995
Streptokinase J2995
Streptomycin sulfate J3000
Streptozocin J9320
Strip
blood glucose test A4253, A4772
urine reagent A4250
Strontium-89 chloride, supply of A9600
Stump sock L8470-L8485
Stylet A4212
Sublimaze J3010
Succinylcholine chloride J0330
Sucostrin J0330
Suction pump
canister K0190-K0191
portable E0600
tubing K0192
Sumatriptan succinate J3030
Supply/accessory/service A9900
Support
arch L3040-L3090
cervical L0100-L0200
spinal L0900-L0960
stockings L8100-L8239
suspension sleeve BK L5674, L5675
Surgery, oral D7000-D7999
Surgical
boot L3208-L3211
brush, dialysis A4910
dressing A6196-A6406, Q0183-Q0185

Surgical—*continued*
stocking A4490-A4510
supplies A4649
tray A4550
Sus-Phrine J0170
Swabs, betadine or iodine A4247
Synercid (see Quinupristin/dalfopristin)
Synkayvite J3430
Syntocinon J2590
Synvisc J7320
Syringe A4213
dialysis A4655
with needle A4206-A4209
Sytobex J3420

T

Tables, bed E0274, E0315
Tacrolimus, oral J7507, J7508
Tacrolimus, parenteral J7515
Talwin J3070
Tape A4454, A6265, K0265
Taractan J3080
Taxi, non emergency transportation A0100
Taxotere, see Docetaxel
Technetium TC 99M Bicisate Q3003
Technetium TC 99M Disofenin A9510
Technetium TC 99M Glucepatate Q3006
Technetium TC 99M labeled red blood cells Q3010
Technetium TC 99M Oxidronate Q3009
Technetium TC 99M Sestamibi A9500
TEEV J0900
Temozolmide, oral J8700
Temporomandibular joint D0320, D0321
Teniposide Q2017
TENS A4595, E0720-E0749
Tent, oxygen E0455
Terbutaline sulfate J3105

Terbutaline sulfate, inhalation solution, concentrated J7680
Terbutaline sulfate, inhalation solution, unit dose J7681
Terminal devices L6700-L6895
Terramycin IM J2460
Testadiate-Depo J1080
Testaqua J3140
Testa-C J1080
Test-Estro-C J1060
Test-Estro Cypionates J1060
Testex J3150
Testoject
    -50 . . . . . J3140
    -LA J1070, J1080
Testone LA 100 . . . . . J3120
    LA 200 . . . . . J3130
Testosterone
    aqueous J3140
    cypionate and estradiol cypionate J1060
    enanthate J3120, J3130
    enanthate and estradiol valerate J0900
    propionate J3150
    suspension J3140
Testradiate J0900
Testradiol 90/4 . . . . . J0900
Testrin PA J3120, J3130
Tetanus immune globulin, human J1670
Tetracycline J0120
Thallous chloride TL 201 . . . . . A9505
Theelin aqueous J1435
Theophylline J2810
TheraCys J9031
Therapy
    activity Q0082
    occupational H5300
    physical (evaluation/treatment) Q0086
Thermometer, dialysis A4910
Thiethylperazine maleate J3280
Thiotepa J9340
Thiothixene J2330

Thoracic-hip-knee-ankle (THKO) L1500-L1520
Thoracic-lumbar-sacral orthosis (TLSO)
scoliosis L1200-L1290
spinal L0300-L0440
Thoracic orthosis L0210
Thorazine J3230
Thymoglobulin J7504
Thymol turbidity, blood P2033
Thypinone J2725
Thytropar J3240
Thyrotropin Alfa J3240
Tice BCG J9031
Ticon J3250
Tigan J3250
Tiject-20 ..... J3250
Tip (cane, crutch, walker) replacement A4637
Tire, wheelchair E0996, E0999, E1000
Tissue-based surgical dressing Q0183-Q0185
TLSO L0300-L0440, L1200-L1290
Tobramycin, inhalation solution, unit dose J7682
Tobramycin sulfate J3260
Tofranil J3270
Toilet accessories E0167-E0179, E0243, E0244, E0625
Tolazoline HCl J2670
Toll, non-emergency transport A0170
Tomographic radiograph, dental D0322
Tool kit, dialysis A4910
Topical hyperbaric oxygen chamber A4575
Topotecan J9350
Toradol J1885
Torecan J3280
Torsemide J3265
Torso support L0900-L0960
Totacillin-N J0290
Tourniquet, dialysis A4910
Tracheostoma heat moisture exchange system A7501-A7509

Tracheostomy
care kit A4629
filter A4481
speaking valve L8501
supplies A4622-A4626, A4628, A4629
Tracheotomy mask or collar A4621
Traction device, ambulatory E0830
Traction equipment E0840-E0948
Transcutaneous electrical nerve
stimulator (TENS) E0720-E0749
Transducer protector, dialysis E1575
Transfer board or device E0972
Transfer (shoe orthosis) L3600-L3640
Transfer system with seat E1035
Transparent film (for dressing) A6257-A6259
Transportation
ambulance A0021-A0999
corneal tissue V2785
EKG (portable) R0076
handicapped A0130
non emergency A0080-A0210
service, including ambulance A0021-A0999
taxi, non emergency A0100
toll, non emergency A0170
volunteer, non emergency A0080, A0090
x-ray (portable) R0070, R0075
Transtracheal oxygen catheter A7018
Trapeze bar E0910, E0940
Trapezium, prosthetic implant L8625
Tray
insertion A4310-A4316
irrigation A4320
surgical (see also kits) A4550
wheelchair E0950
Triamcinolone J3301-J3303
acetonide J3301
diacetate J3302
hexacetonide J3303

Triamcinolone—*continued*
inhalation solution, concentrated J7683
inhalation solution, unit dose J7684
Triflupromazine HCl J3400
Trifocal, glass or plastic V2300-V2399
Trigeminal division block anesthesia D9212
Tri-Kort J3301
Trilafon J3310
Trilog J3301
Trilone J3302
Trimethaphan J0400
Trimethobenzamide, HCl J3250
Trimetrexate glucuoronate J3305
Trismus appliance D5937
Trobicin J3320
Trovan J0200
Truss L8300-L8330
Tube/Tubing
anchoring device A5200
blood A4750, A4755
corrugated, for nebulizer K0175, K0176
CPAP device K0187
drainage extension A4331
gastrostomy B4084, B4085
irrigation A4355
larynectomy A4622
nasogastric B4081, B4082
oxygen A4616
serum clotting time A4771
stomach B4083
suction pump, each A7002
tire K0064, K0068, K0078, K0091, K0093, K0095, K0097
tracheostomy A4622
urinary drainage K0280

U

Ultrasonic nebulizer E0575
Ultrasonic nebulizer reservoir bottle K0174
Ultrasound bladder capacity test G0050
Ultrasound bone mineral study G0133
Ultraviolet cabinet E0690
Ultrazine-10 ..... J0780
Unasyn J0295
Unclassified drug J3490
Unipuncture control system, dialysis E1580
Upper extremity addition, locking elbow L6693
Upper extremity fracture orthosis L3980-L3999
Upper limb prosthesis L6000-L7499
Urea J3350
Ureaphil J3350
Urecholine J0520
Ureterostomy supplies A4454-A4590
Urethral suppository, Alprostadil J0275
Urinal E0325, E0326
Urinary
    catheter A4338-A4346, A4351-A4353, K0410, K0411
    collection and retention (supplies) A4310-A4359, K0407, K0408, K0410, K0411
    tract implant, collagen L8603
    tract implant, synthetic L8606
Urine
    sensitivity study P7001
    tests A4250
Urofollitropin Q2018
Urokinase J3364, J3365
U-V lens V2755

V

Vabra aspirator A4480
Vaccination, administration
hepatitis B G0010
influenza virus G0008
pneumococcal G0009
Vagus nerve stimulator and lead E0751, E0753
Valergen (10, 20, 40) J0970, J1380, J1390
Valetest No. 1, 2 ..... J0900
Valium J3360
Valstar J9355
Vancocin J3370
Vancoled J3370
Vancomycin HCl J3370
Vaporizer E0605
Vascular
catheter (appliances and supplies) A4300-A4306
graft material, synthetic L8670
Vasoxyl J3390
Velban J9360
Velsar J9360
Venipuncture, routine specimen collection G0001
Venous pressure clamp, dialysis A4918
Ventilator
battery A4611-A4613
moisture exchanger, disposable A4483
negative pressure E0460
volume, stationary or portable E0450
VePesid J8560, J9181, J9182
Vesprin J3400
Vest, safety, wheelchair E0980
V-Gan (25, 50) J2550
Viadur (see Leuprolide acetate implant)
Vinblastine sulfate J9360
Vincasar PFS J9370
Vincristine sulfate J9370-J9380
Vinorelbine tartrate J9390

Vision service V2020-V2799
Vistaject J3410
Vistaril J3410
Vistide, see Cidofovir
Vitamin B-12 cyanocobalamin J3420
Vitamin K J3430

W

Walker E0130-E0149
accessories A4636, A4637
attachments E0153-E0159
Water
collection device (for nebulizer) K0177
distilled (for nebulizer) A7018
pressure pad/mattress E0177, E0187, E0198
purification system (ESRD) E1610, E1615
softening system (ESRD) E1625
sterile A4319, A4712, A4714
tanks (dialysis) A4880
Wedges, shoe L3340-L3420
Wehamine J1240
Wehdryl J1200
Wellcovorin J0640
Wet mount Q0111
Wheel attachment, rigid pickup walker E0155
Wheelchair E0950-E1298, K0001-K0108
accessories E0192, E0950-E1001, E1065-E1069
amputee E1170-E1200
back, fully reclining, manual K0028
battery A4631
bearings K0452
component or accessory, not otherwise specified K0108
motorized E1210-E1213
narrowing device E0969
power add-on K0460-K0461

Wheelchair—*continued*
specially sized E1220, E1230
tire E0996, E0999, E1000
transfer board or device E0972
tray K0107
van, nonemergency A0130
youth E1091
WHFO with inflatable air chamber L3807
WHO, wrist extension L3914
Whirlpool equipment E1300-E1310
Win Rho SD J2792
Wipes A4245, A4247
Wound cleanser A6260
Wound cover
alginate dressing A6196-A6198
collagen dressing A6020-A6024
foam dressing A6209-A6214
hydrocolloid dressing A6234-A6239
hydrogel dressing A6242-A6247
specialty absorptive dressing A6251-A6256
Wound filler
alginate dressing A6199
foam dressing A6215
hydrocolloid dressing A6240, A6241
hydrogel dressing A6248
not elsewhere classified A6261, A6262
Wound pouch A6154
Wrist
disarticulation prosthesis L6050, L6055
hand/finger orthosis (WHFO) E1805, E1825, L3800-L3954
Wyamine Sulfate J3450
Wycillin J2510
Wydase J3470

X

Xeloda (see Capecitabine)
Xenon Xe133 ..... Q3004

Xopenex (see Albuterol)
Xylocaine HCl J2000
X-ray equipment, portable Q0092, R0070, R0075

Z

Zantac J2780
Zemplar J2500
Zenapax J7513
Zetran J3360
Zidovudine J3485
Zinacef J0697
Zithromax I.V. J0456
Zofran J2405
Zoladex, see Goserelin acetate implant
Zolicef J0690
Zosyn J2543

GOODWILLbooks.com
$4.99

ISBN 1-57066-194-4
04995
9 781570 661945